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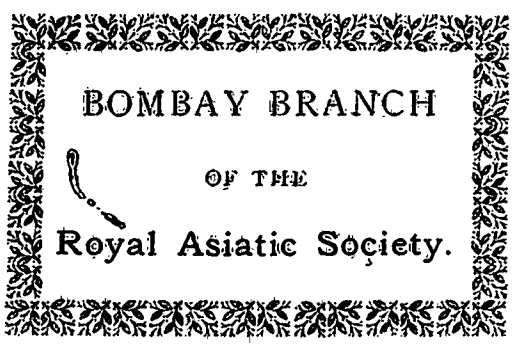

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REPORT

OF THE

COMMITTEE

APPOINTED TO ENQUIRE INTO THE

PATHOLOGY AND TREATMENT

OF THE

VENEREAL DISEASE,

WITH THE VIEW

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TO DIMINISH ITS INJURIOUS EFFECTS ON THE MEN

OF THE

ARMY AND NAVY,

WITH APPENDICES,

AND THE

EVIDENCE TAKEN BEFORE THE COMMITTEE.

Presented to both Houses of Parliament by Command of Her Majesty.
1868.

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LETTER FROM REAR-ADMIRAL THE RIGHT HONOURABLE LORD CLARENCE PAGET, C.B., FIRST SECRETARY TO THE ADMIRALTY, TO F. C. SKEY, ESQ., CHAIRMAN OF THE COMMITTEE.

Admiralty,

Sir, *13th October*, 1864.

I AM commanded by my Lords Commissioners of the Admiralty to acquaint you that the Secretary of State for War and the Board of Admiralty, with the view to diminishing the injurious effects of the Venereal Disease on the men of the Army and Navy, have decided on instituting a Committee to enquire into the best mode of treatment of the disease. Appointment of the Committee.

It is to be hoped that much good, not only to the two services, but also to the profession generally and the public at large, may result from a careful and dispassionate consideration of the question.

The Secretary of State for War and the Board of Admiralty hope that you will be able to secure the attendance as witnesses, of such medical men as, from their experience and attainments, it may be most desirable to examine. They feel sure that you will meet with every assistance from the members of a learned and liberal profession.

They would suggest for the consideration of the Committee, the importance of obtaining the advantage of the experience and learning of their brethren in several of the capitals of Europe. For this purpose it might be desirable to depute one or more of their members to enquire and report on the treatment adopted in the best hospitals, Civil and Military, abroad.

Their Lordships have been informed that, there is no question in Medicine and Pathology in which there is so great a diversity of opinion amongst medical men of the greatest eminence. They are, therefore, anxious that the consideration of the Committee should mainly be directed to discover a sound principle of treatment of the disease known under the name of Syphilis.

They are desirous that the question of the Pathology of the disease, should be considered by the Committee only to such an extent as they may deem absolutely necessary to enable them to deal with the main object of the enquiry,—namely, the attainment of a sound rule of treatment. It is

their Lordships' wish particularly to draw the attention of the Committee to the subject of the treatment of Syphilis by mercury, and, with the concurrence of the Committee, they would propose the following subjects for their discussion:—

1. Whether mercury is an agent to be indiscriminately resorted to in treatment of Syphilis.

2. The proportion and nature of the cases in which its administration is useful or necessary.

3. The proportion and nature of the cases, if any, of primary and secondary disease, in which it may be entirely dispensed with; characterising the forms of disease, if any, in the treatment of which mercurial agency is not required.

4. The best antidotes to injurious mercurial action on the human system.

5. Any practical rules which the Committee can suggest to the Naval and Military authorities to diminish the frequency of the cases of contagion, and which are capable of adoption in the daily life of the ship or barrack.

I am, Sir,

Your most obedient Servant,

(Signed) C. PAGET.

F. C. Skey, Esq.

The Committee as originally selected by the Chairman, and approved by the Right Honourable the Lords Commissioners of the Admiralty and the Right Honourable the Secretary of State for War, consisted of MR. SKEY (Chairman), MR. COCK, DR. KIRKES, MR. QUAIN, MR. SPENCER SMITH (Secretary), DR. WILKS, with DR. T. GRAHAM BALFOUR (appointed to represent the Army Medical Board), and DR. DONNET (to represent the Naval Medical Board); on the lamented death of DR. KIRKES, the vacancy was filled by the appointment of DR. BABINGTON, whose loss the Committee had also great occasion to deplore.

REPORT.

TO THE RIGHT HONOURABLE THE LORDS COMMISSIONERS OF THE ADMIRALTY, AND THE RIGHT HONOURABLE THE SECRETARY OF STATE FOR WAR.

Report. THE Committee appointed to enquire into the best mode of treatment of the Venereal Disease, with a view to diminish its injurious effects on the men of the Army and Navy, have the honour to submit the following Report:—

The evidence appended shows that the Committee have derived information from very varied sources. Sixty-four witnesses of experience in different branches of the subject under enquiry appeared before them.

Fifty-six members of the medical profession engaged in civil practice and in the medical departments of the Navy and Army readily gave in evidence the valuable results of their experience upon the nature and treatment of the disease.

That part of the Report which relates to the prevention of venereal disease, having been required for the use of the Legislature, was forwarded to the authorities in February, 1866, and an Act, entitled "An Act for the better Prevention of Contagious Diseases at certain Naval and Military Stations," 11th June, 1866, was passed in the last session of Parliament, in entire accordance with the recommendations of your Committee. A copy of that Act is appended to this Report.

On the subject of prevention, the Committee have no further suggestions to offer; but they would at the present moment, when the attention of Parliament is drawn to the subject of better legislation for the mercantile marine, respectfully call attention to the concluding passage of that Report, referring to "the fertile source of disease in our sea-port towns afforded by the sailors of the merchant service."

At one of the earliest meetings of the Committee, printed pamphlets, addressed to the Ministers at the head of the War Office and the Admiralty, entitled "*Proofs of the Non-Existence of a Specific Enthetic Disease*," and "*A Letter to His Grace the Duke of Somerset, First Lord of the Admiralty, relative to the ques-*

tion, Is there a Syphilitic Virus? by David Macloughlin, M.D., Member of the Legion of Honour," were received from the Board of Admiralty for the consideration of the Committee. The main object of these publications seems to have been, to bring under the notice of the Naval and Military Authorities the following opinions of the writer: 1st. That the medical profession is in error in admitting the evidence of a venereal virus, or of a constitutional disease known as Syphilis; and 2nd, that the health of the men in the public service (soldiers and sailors) is habitually damaged by the use of mercury, which the writer alleges to be indiscriminately administered by surgeons in the public service, for the cure of a disease, which, in his opinion, has no existence.

[Although not called upon by their Instructions to report upon the second of these opinions, the Committee felt it right, in the interests of the Navy and Army, to enquire into the grounds upon which so serious a charge against the medical officers was founded, and to report their opinion for the information of Her Majesty's Government.

In the pamphlet entitled "Proofs of the Non-existence of a Specific Enthetic Disease," Dr. Macloughlin says (p. 11), "In the interest of the army, the attention of the Secretary of State for War is called to this subject, as the pathology, the etiology, and the medical treatment of this so-called syphilitic disease has never been scientifically studied by the Army Medical Department, and as their medical treatment is empirical, annually committing great ravage in the army, depriving the army of the services of thousands of men, if not destroying the lives of hundreds," and again at p. 66, "The War Office have an army of upwards of 400,000 men, distributed in various parts of the globe, and a staff of about 1,500 medical officers, also distributed in various parts of the globe. If the attention of these 1,500 medical men were directed to the study of the pathology, the etiology, and medical treatment of this so-called syphilitic disease, and if the researches of these 1,500 medical officers were carefully and scientifically recorded; in a few months there would be an amelioration as to this so-called syphilitic disease in the army—the army medical officers would not go on as they are now going on—to consider every ulcer on the genitals as syphilitic, and to be treated only by mercury, and consequently injure their patients."

These statements involved a charge of a very serious character against the professional competency of the army medical officers, and were calculated to shake the confidence of the military authorities in them, and to create distrust and dissatisfaction in the service generally.

In reply to questions put to him when he appeared before the Committee as a witness, Dr. Macloughlin stated his belief that in the army all cases on the syphilitic list are treated with mercury (Qu. 98, 99); that he was not aware that a large number of army medical officers give no mercury whatever in

any form of primary sore (Qu. 99, 102); that his belief on this point, and his remarks with regard to the army medical officers in the pamphlet already quoted were founded on his personal observation during the period of his service in the army forty-six or forty-eight years ago (Qu. 76, 77, 85, 87, 100, 101, 104), and that he has had no opportunity of seeing the practice in the British Military Hospitals during the last forty-six years (Qu. 85, 87, 104).

The Committee learned from the army medical officers who were examined by them that mercury is by no means indiscriminately given in primary sores—that a large number of officers treat them by simple local applications, and that when it is deemed advisable to give mercury, this is done carefully, and with every precaution against its affecting the system to an extent likely to be in any degree prejudicial to the soldier's constitution. But as it appeared to the Committee that the evidence of these witnesses might be open to the objection that they were selected on account of having paid special attention to the subject, or of having had special opportunities of studying the disease, and, therefore, did not fairly represent the practice of the department, they requested the Director-General to furnish them with such evidence as might be obtained from the records in his office on the method of treatment of venereal diseases adopted by the officers of the department generally. He accordingly forwarded to the Committee a series of extracts from the Reports of the medical officers in the year 1863, which fully confirm the statement of these witnesses as to the usual method of treatment in the Army.

The same course was followed in regard to the Navy, and the statistics furnished to the Committee by the Director-General of the Medical Department of that service fully bear out the evidence of the naval medical witnesses.

From a careful examination of the evidence, the Committee are unanimously of opinion that whatever may have been the case at the period when Dr. Macloughlin was in the service—a matter upon which they consider it unnecessary to offer any remark—his statement with regard to the present practice, and the injury thereby done to the soldiers and sailors is wholly unfounded. On the contrary, the evidence establishes that the practice generally adopted in the Navy and Army is in accordance with the methods most approved by the highest authorities in the profession, and that the medical officers of both services, have shown themselves to be thoroughly impressed with the importance of a careful and judicious treatment of the disease.

1. As regards the existence of a virus or poison capable of producing Syphilis, the evidence is, in the opinion of the Committee, conclusive. Syphilis as a specific disease is universally recognised by the medical profession. It is as specific a disease as small-pox. Both are the product of external agency; in both the absorption of a poison into the blood is followed at a given interval by

The recognition of a disease affecting the human constitution known as syphilis.

constitutional derangement, succeeded by eruption; both leave their mark on the constitution, the influence of which is felt for a period of more or less uncertain length. The existence of the specific virus of Syphilis is proved by the same kind of evidence as that which proves the specific virus of any other disease, viz., by the uniformity of its effects as shown in the occurrence of a peculiar and specific train of morbid symptoms.

It is not necessary that any one of the symptoms should be pathognomonic of the disease. All that is required to prove the reality of Syphilis is that the entire symptoms taken in combination, should be sufficiently uniform to constitute the type of a disease distinct from that of any other malady. To affirm, however, that a syphilitic virus has no existence is not a novelty. This opinion was propounded nearly four centuries ago, and has been held since by many writers. Some authors have also in later years erroneously ascribed all the symptoms now called Syphilis to the use of mercury; and the non-hereditary character of the disease has also found supporters.

Existence of a virus.

Syphilis.

2. Syphilis is a disease of the general system, not of a part only. Whether a given local affection will result in Syphilis cannot be known with certainty until the constitution is actually involved; when involved, a train of symptoms follows distinct in character, peculiar to itself, either in infancy or maturity, dissimilar in the aggregate of its signs from that of any other known disease. To that train of symptoms, the product of a primary local poison, the name of Syphilis is given.

The term "Syphilis" at the present day, includes every variety of constitutional venereal disease. Up to an early period of the present century it included only the products of the hard sore.

Mr. Hunter deemed the presence of induration pathognomonic of true Syphilis, while Mr. Abernethy, observing the frequent concurrence of constitutional venereal affections with non-indurated sores, applied to them the name of Pseudo-Syphilitic Diseases. Mr. Hunter's second test of a syphilitic sore consisted in its supposed incurability without mercury. Mr. Abernethy, who noted the existence of a numerous class of sores destitute of hardness, and curable without mercury, accepted the definition of Mr. Hunter as regards induration, and classed the soft sores and the constitutional symptoms which followed them, under the title Pseudo-Syphilitic.

Diseases resembling Syphilis.

Origin of Syphilis.

The origin of Syphilis is a subject involved in great obscurity. Several of the witnesses, and with them a portion of the Committee concur in opinion, expressed their belief that Syphilis, under favouring circumstances, may be generated spontaneously.

That Syphilis was first introduced into Europe at the latter end of the 15th century is an opinion now entertained by the few.

Throughout this Report the term "Syphilis" is applied strictly to the constitutional symptoms, or those ordinarily termed the secondary and tertiary forms of the disease.

3. Venereal disease presents itself in two forms:—
Gonorrhœa and sores or ulcers.

The Committee have not deemed it necessary to enter upon the subject of Gonorrhœa.

Varieties of venereal sores.

Of venereal sores or ulcers there are two species, one of which affects the constitution, while the other does not. They may be termed *syphilitic* and *simple*.

The local sore.

The "simple local sore," the influence of which never extends beyond the inguinal glands, is eminently contagious, producing similar sores, but is incapable of infecting the constitution; like Gonorrhœa it is often the product of irritating and contagious secretions. This is the most common form of venereal sore, and prevails over all other varieties in a ratio of about four to one. With the exception of this purely "local sore," all venereal sores are liable to contaminate the constitution by the development of syphilitic disease or Syphilis. The "local sore" has generally well-defined characters. It first appears as a pustule from three to four days after intercourse. Its ulcerative stage occupies from fifteen to eighteen days, during which the sore continues to spread. This stage often terminates in the growth of exuberant granulations. When its progress is more than usually slow, it throws up a well-marked elevated edge around the margin of the sore, unless when seated on the glans.

The syphilitic sore.

The syphilitic sore is seen under three forms: one characterised by induration throughout its entire course; one soft in its early stage and becoming subsequently indurated; and one soft throughout its whole course, but which, unlike the simple local sore, is followed by constitutional disease.

This physical character of hardness in a sore is, as a rule, detectable by the touch, although it may vary in degree. It is, however, necessary to distinguish the occasional thickening formed around the base of a soft sore, the result of local treatment or accident, from the true induration of specific disease.

The hard sore.

The hard sore is marked by well defined induration at its base. This induration, present *ab initio*, constitutes its characteristic feature. True syphilitic induration presents itself in three different forms: 1st, in that of a cup-shaped cavity or ulcer on an indurated base; 2nd, in that of a shallow abrasion or excoriation, commonly of an ash-grey or livid colour, also on an indurated base; and, 3rd, in that of a deposit of well-defined induration beneath unbroken skin. From the two former a serous ichor exudes; from the last there is no moisture, because there is no ulceration.

The sore marked by specific induration, *ab initio*, is rarely met with; probably not in a greater proportion to other primary sores than one in fifteen, or more; but the proportion varies greatly at different times and in different localities.

It is not frequently brought under the eye of the surgeon within fifteen or eighteen days, dating from the period of intercourse (*vide* Incubation, Sect. 8). Often twenty-five days have elapsed before its appearance. It presents itself in one of the three forms already described. It may occupy the inner surface of the prepuce, the fossa, the glans, or the external integument. When seated on the glans it is supposed that the induration is imperfectly developed. This is only occasionally true: on the contrary, when the glans is the seat of the disease, the induration is often more than usually extensive.

In persons affected with this form of sore, the constitution may become involved before the primary disease enters on the stage of ulceration, or even without ulceration occurring at all.

Throughout its course the hard sore may be said to be almost dry, and neither the primary sore itself nor the glands produce pus, the secretion of which attends every other variety of venereal sore.

The soft sore.

While the hard sore, as a rule, commences with induration, to which the destruction of surface succeeds, it is probable that soft sores commence as pustules or papules, which pass into ulceration.

Some observers have stated that a sore marked by protracted ulceration is more liable to involve the constitution than a sore that has passed quickly through its stages.

Inguinal glands.

All primary venereal sores are liable to involve the inguinal glands; the soft frequently, the hard almost invariably. In the case of soft sores which involve the inguinal glands, such irritation occurs at a more or less remote date from the first appearance of the primary sore; in the case of the hard sores, the enlargement of these glands is almost concurrent with or quickly follows the first indication of hardness. In the case of soft sores the inguinal glands appear to involve in their morbid action the surrounding tissues prior to suppuration, in addition to the glandular structure. In the case of hard sores, one or more glands are enlarged, and share the hardness of the accompanying sore, presenting to the touch well-defined globular-shaped tumours, which are not prone to suppuration.

Difficulty of diagnosis in the early stages of sores.

4. The evidence is conclusive as to the impossibility of pronouncing with certainty upon the character of a sore on its first appearance; *i. e.*, as to whether it will or will not be followed by constitutional symptoms; in other words, whether or not it be a syphilitic sore. Even though it remain soft throughout its course, it is not certain, although highly probable, that it will prove to be non-infecting, but it will sometimes remain soft for many days, and then, becoming indurated, be followed by constitutional symptoms. As a rule, however, the exceptions to which are rare, a soft sore, whether followed by suppurating bubo or not, is only a local disease, and does not infect the constitution; and an indurated sore, more especially if accompanied by indurated inguinal glands, does infect the constitution. It should never be forgotten that it is the virus which infects the system,

and that the sore is a mere local lesion, and not a necessary antecedent to infection.

However definite may be the laws that determine the history and progress of primary sores, a degree of obscurity always attaches to their future influence on the constitution, arising from the frequent apparent deviations from the laws which govern them. Certain it is that no amount of experience can protect us from occasional error in diagnosis. Hard sores do not necessarily contaminate the constitution, while, on the other hand, constitutional symptoms occasionally follow the presence of a sore which might have been regarded as a simple local sore by a practised observer. Too much caution, therefore, cannot be exercised in giving an opinion as to the future safety of the patient.

Constitutional Syphilis.

5. The constitutional manifestations of Syphilis follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average term being about six weeks. Its first indication consists in a sense of chilliness, followed by heat of skin, accelerated pulse, general lassitude, and mental depression. These symptoms are accompanied by pains in the limbs and especially in the joints often of a severe rheumatic character. In the course of two days or more, the skin upon the chest, back, abdomen, and arms, occasionally in severe cases over the whole surface of the body, exhibits on examination some form of eruption, most commonly of an erythematous or roseolar character, of a pale pink colour. Such eruption terminates in copper-coloured patches.

If the disease be severe, well developed papules, vesicles, and pustules, may appear over the back and head intermingled with or following the rash. The pulse continues frequent. The throat exhibits a florid discoloration which involves the tonsils and the neighbouring parts of the soft palate. Of the condition of the throat the subject may remain for a time unconscious. This stage of the disease, which continues for some days stationary, may be preceded, accompanied, or succeeded by enlargement of the inguinal and posterior cervical glands. The latter however, are not always affected. These indications are accompanied by impaired health and by loss of physical strength. A sense of general debility prevails, coupled with pallor of the skin, the blood being said to be deprived of a portion of its red corpuscles. The tonsils ulcerate and exhibit either an excavated ulcer, or a plain flat surface, of a soft red flabby aspect. The hair falls off (alopecia). On the side of the tongue at a yet later date, and generally on its under surface, are formed small white ulcers, three or four in number, of about the size of a split pea, which, on healing, leave a white and somewhat depressed cicatrix, while others appear on the soft palate and roof of the mouth, on the gums, or at the angle formed by the two jaws. Condylomata, soft mucous-like ulcerations of the angles of the mouth, nostrils, nates, and female genital organs, iritis, with its complications, and onychia, frequently occur. Such

are the various symptoms that mark the progress of Syphilis in the majority of cases, and which may be said to belong to the acute form of the disease.

There is, however, another group of symptoms not preceded by febrile derangement, and more chronic in character. To this belong psoriasis, lepra, and tubercular eruptions, honeycomb eruption of the palms of the hands, the excavated ulcer of the tonsils, and enlargement of the testicle. All these affections are in a remarkable degree almost destitute of pain.

Although the evidence tends to the belief in the occasional development of any of these forms of eruption and other disease, in a given case, the Committee have sufficient ground for expressing their opinion that the dry and painless forms of eruption, viz., psoriasis, lepra, and tubercle, but especially the two former varieties, constitute the predominant symptoms following the indurated sore, and that the remainder more commonly follow the varieties of the soft or moist sore.

There is a relation between the primary sore which is destitute of hardness in its early stage, and the moist forms of eruption as declared by Mr. Carmichael, but his views of the universality of the law which identifies the moist eruptions, such as pustules and rupia, with the soft sore, and the dry eruption of psoriasis and lepra with the indurated sore, are not borne out by the evidence produced before the Committee.*

Syphilis in its ultimate forms.

6. While regarding Syphilis as a constitutional disease, it must be remembered that it does not affect all persons alike, but attacks its victims with various degrees of virulence. In an ordinary case, or in one of medium severity, the disease will cease after the expiration of some months, when a certain set of phenomena have occurred. It does not, however, unfrequently happen that the syphilitic poison survives this period, and continues to exhibit its characteristic effects on other and deeper seated tissues for an indefinite time. As the first mentioned form of the disease and its accompanying phenomena are styled secondary, so these later and ulterior effects are often named tertiary. These terms, however, are not scientifically correct, since the changes produced in the tissues are essentially of the same kind as are observed at the earlier stages of the disease, but differing only in their long continuance, and their spreading over a larger surface.†

The changes which occur in the inveterate forms of the more advanced stages of Syphilis are due to the deposition of a fibroplastic material in the various tissues of the body. This

* Mr. Hunter referred the varieties in the secondary appearances, or eruptive stage, to the following causes:—1. The different kinds of constitutions. 2. The different kinds of solids affected. 3. The different dispositions the solids are in at the time. Hunter's Works, edited by Palmer, vol. ii, page 405, *et seq.*

† The Committee would gladly see these terms (*secondary* and *tertiary*) abolished from the nomenclature of Syphilis: Mr. Hunter, indeed, recognised them as the earlier and later manifestations of one and the same disease. Hunter's Works, edited by Palmer, vol. ii, page 397, *et seq.*

product appears to be identical with that which in the so-called "secondary" stage is exuded in the bones, in the glands, on the iris, and indeed in the indurated chancre itself; but is now liable to be poured out in any structure where areolar tissue exists. There is not an organ of the body, therefore, which is not obnoxious to the influence of Syphilitic disease.

By the formation of distinct deposits, or by interstitial exudation, the different viscera may be so affected as to involve the life of the individual. The liver is more frequently the seat of the disease, and then affords, by the indelible cicatrices on its surface, an evidence of the nature of the malady from which the person may long have suffered. The brain and its membranes are also liable to be attacked by constitutional Syphilis; giving rise to mania, epilepsy, paralysis, and many other serious and fatal diseases. The lungs too are frequently affected, although the cause is probably much overlooked, as the form of Consumption, which is known so often to follow in the train of Syphilis, has been regarded merely as tubercular and a result of the debilitating effects of syphilitic disease.

It is, therefore, highly important to recognise the immediate or direct effects of Syphilis in the viscera, as a knowledge of their cause suggests the appropriate treatment.

In addition to these characteristic and peculiar effects of Syphilis, there is a tendency in those who have long been its victims to suffer from degeneration of the tissues of the body; and thus a very frequent cause of the mortality in long-standing Syphilis is a universal fatty or lardaceous decay of the organs.

7. A few words must be said on hereditary Syphilis. A large number of cases of abortion and of still-births arise from the children being affected with the syphilitic taint; and even if the infant be born alive and apparently well, the existence of the taint may become manifest in a few weeks by the appearance of the characteristic rashes of lichen or roseola, accompanied by snuffles, ulceration of the mouth, condylomata, &c., and sometimes inflammation of the eye. At the end of about a twelvemonth these symptoms may disappear; it was, until quite recently, supposed that all traces of hereditary Syphilis had then departed, but this is by no means invariably the case; the poison may be latent, and again exhibit its virulence during growing youth. Thus, children who have been the subjects of hereditary Syphilis in infancy may not only exhibit the previous effects of disease, but may suffer from fresh outbreaks in an active form, such as an acute ulceration of the throat and fresh formed nodes on the bones. The most remarkable affection which may occur at this period appears peculiar to the hereditary form of the disease—a cloudiness of both corneæ, due to an infiltration of lymph, which is technically known as *interstitial keratitis*. At the same time that these recent effects of the poisonous principle are seen, the changes that occur in infancy at once characterise the nature of

Hereditary Syphilis.

the disease; thus, very often the whole body is puny, the forehead projects, the nose is flattened, the skin around the mouth is often puckered from old ulcerations, and lastly, and most important, a peculiar change takes place in the teeth, the incisors being dwarfed in size, narrowed, rounded, and notched.

Question of incubation.

8. The questions whether there be any fixed and definite period between the exposure to contagion and the appearance of the sore, and if so, whether that period be different in the case of the soft sore and that of the hard, have given rise to much difference of opinion. Upon the whole, the weight of evidence greatly preponderates in favour of the view that there is no definite period of incubation, either for the infecting or the non-infecting sore—assuming the term incubation to imply such an uniformity as exists in the period of incubation of other specific diseases, as measles, small-pox, &c. It is, nevertheless, a fact, that the soft sore which goes on to suppuration, does make its appearance at an earlier date than the hard sore, which does not suppurate, the average period in the former case being three or four, and in the latter twelve or fourteen days; but there is a great deviation from this average in individual cases. One witness, for example, spoke of fifty-six days, Q. 194; another, of three months, Q. 3304; another, of seven weeks, Q. 5339. Some witnesses have recognised no difference as to the period of their appearance after impure contact, but they are not borne out by general experience. It must not be forgotten, however that, as a hard sore is characterised throughout its stages by the absence of pain or tenderness, it may have been in existence some days without exciting attention, and more especially when occurring in men among the lower class of society, where neither sensibility nor cleanliness abound. It is probable, if the progress of a sore could be watched from its commencement, and the first deviation from health of the surface affected be traced back, all sores would stand in closer proximity to their cause than they appear to do, and the generally adopted period of incubation be somewhat abridged. The statement of a patient with a well developed hard sore, who dates its existence from a few days only prior to his visit may reasonably be doubted, on the ground that being a painless disease his attention may not have been drawn to it. The soft sore, on the contrary, is painful, and cannot escape early observation. It is easier to detect a sore than a tubercle, or an excoriated induration.

Period at which the constitution is involved.

9. There is perhaps no question connected with the subject of Syphilis more practically interesting than that which relates to the period at which the constitution becomes involved by the absorption of poison from a specific sore. The evidence obtained from the excision or destruction of a hard sore, even in its (so termed) early stage, is conclusive as to the early absorption of the poison into the circulation. It is in evidence that neither excision of the hard sore, nor its entire destruction by

escharotics can give immunity from constitutional disease. It is the opinion of a particular school, that the subject of a syphilitic sore is incapable of auto-inoculation, in other words, of receiving the poison of his own sore. This doctrine, if sound, should strengthen the belief in the fact that the entire system is implicated, and even saturated, with the poison at an early period. But at what date or period is the constitution so involved? No positive answer can yet be given to this question, because the really first stage rarely comes under cognisance. The experiment of excision of the induration on its first development is probably yet to be made; moreover, the disease in its first stage does not furnish secretion capable of testing the practicability of auto-inoculation. The information which the Committee have acquired upon the subject of inoculation is very unsatisfactory, and such as renders conclusive deductions therefrom impossible. Inoculation.

It is possible that the poison of Syphilis may be carried into the circulation from the moment of contact, in whatever manner that is effected; but it is more probable that time is required to this end.

10. Intimately connected with the foregoing subject is the question, How is the syphilitic virus introduced into the system by sexual intercourse? General opinion assigns it to the presence of a minute wound or lesion of the part through which the poison is admitted. This wound or lesion may be supposed to be either caused by the act of intercourse itself, or to have existed previously. There is another explanation of the phenomenon, viz., that the poison remains in contact with the folds, whether of the mucous membrane, or integument, and becomes soaked or infiltrated or absorbed through it. Mr. Hunter says,—"The irregular surface of the frenum, &c., "allows the matter to lie undisturbed in chinks, by which means "it has time to irritate and inflame the parts. But as this "matter is easily rubbed off from prominent parts by everything "that touches them, it is a reason why such parts so often "escape this disease." Hence the greater frequency of primary sores on the thinnest investing membrane. Hence multiple sores. Hence the duplication of sores by contiguity of opposing surfaces. Hence the occasional deposit of induration beneath unbroken integument. Nor can it be asserted that the primary lesion has ever with certainty been detected by the eye, excepting indeed in those cases of syphilitic contamination which occur to members of our profession from poisoned wounds of the hand. If this mode of the admission of syphilitic matter be deemed to be that which commonly prevails, it is still a most difficult question to determine how long such matter may remain in innocuous contact with the membrane beneath it. Until the precise time can be fixed which is required for the poison to come within the influence of the absorbent system of the body, by whatever process it gains entrance, whether by mechanical infiltration or by vital absorption, and the first indication of Mode in which the poison is received into the system.

local disease on the affected surface can be detected, the question of incubation must be regarded as unanswered.

The same apparent deviation from the laws that govern the constitutional manifestations of the syphilitic poison prevails as in the case of primary sores, and the exceptions to the ordinary phenomena of absorption, of exemption from recurrence of disease, of the period of incubation, of relapse, of liability or non-liability to contagion, are declared of frequent occurrence by all candid enquirers into the nature of syphilitic disease.

Unity or duality of virus.

11. Among other questions of interest connected with the subject of Syphilis is that of the "unity" or "duality" of the poison. It has been stated under the head of the "Varieties of Venereal Sores" (sect. 3) that they are divisible into two species. One of these, termed simple, is a purely local sore; the other involves the constitution. The terms "unity" and "duality" refer to the supposed identity, or otherwise, of the poison or virus producing them. In reference to this subject, the first question arises—Can the poison which produces the "local sore" be identical with that which produces the syphilitic sore? The term *syphilitic* cannot be applied to a sore which exhausts itself in its local actions, and does not become the parent or precursor of syphilitic disease. The local sore has nothing in common with the local products of syphilitic poison beyond its ulcerative action. It may be, and not infrequently is, the morbid product of merely contagious secretions: while its characteristic form, progress, and duration, so dissimilar from the products of other forms of local disease or injury of the genital organs of a non-venereal origin, warrant its cause being attributed to the presence and operation of an irritant poison. Although comparatively innocuous at their source in the female, these secretions become a poison to the recipient, but not a syphilitic poison. Presuming the local sore, therefore, to belong to a different class of disease, if it be placed in juxta-position with any of the varieties of the syphilitic sore, the Committee have no alternative but to express their belief in the non-identity of the two poisons. At the same time, the Committee are of opinion that all sores, whether hard or soft, affecting the constitution by the production of syphilitic disease, whatever eruptive form it may assume, are the products of the same character of poison.

It is declared in evidence by twenty-nine experienced witnesses that sores, both soft and hard, may be followed by every variety of syphilitic eruption.

In reference, therefore, to the question of "unity" and "duality" of the syphilitic poison, the Committee adopt the opinion of its unity and singleness. It is unphilosophical to resort to the assumption of the operation of two poisons in the same constitution at one and the same time, merely because a hard and a soft sore are found upon the same individual, or because a sore, half of which is seated upon the glans penis, and half upon the corona or prepuce, is soft in the

one half and hard in the other. There is probably but *one* true syphilitic poison exerting its influence upon the soil in which it is implanted, producing various forms of true syphilitic sores, differing in different individuals, modified by health, and by constitution, by locality, and probably by its ever-varying intensity.

These views, though general, are not universal. Several of the witnesses stated their belief that all venereal sores may be produced by one poison only, and they refer the occasional absence of constitutional disease not to the absence of the syphilitic poison, but to the influence of collateral circumstances, viz., health, locality, and constitutional peculiarity.

One attack of Syphilis gives no future immunity.

12. Of thirty-three witnesses who were asked for their experience as to whether one attack of true Syphilis gives immunity to the individual from a repetition of the disease,—twenty-three not only declared it to be their opinion that such was not the case, but several amongst them stated that they had positively seen repeated attacks in the same person, which certainly were not relapses,—whilst ten considered that an individual could be the subject of true Syphilis only once.

Relapses. Period of safety for marriage.

13. If it be granted that a relapse may occur after the adoption of any mode of treatment, and also when no treatment whatever has been employed, it follows that to no person who has been the subject of true Syphilis can immunity from it be positively promised. Yet there may be, and there are degrees of probability with regard to future relapse, and the question therefore frequently arises as to the period at which a man may be warranted in marrying after all the symptoms of disease have disappeared. The answers to this question have been various; a few witnesses even declared against the safety of marriage at any period; a large majority concurred in recommending an interval of one year. The subject admits of division into safety as respects imparting the disease in its secondary stage to the other sex, directly through the medium of the secretions, and safety as respects imparting it indirectly, through the fœtus to the mother. Some witnesses do not admit the former liability, while the majority consider that secondary disease may be directly imparted through the medium of a moist secretion, as from a mucous tubercle, but all agree in the belief that a syphilitic father, though presenting no appearance of disease, may beget a syphilitic child, and that that child, through the medium of its blood, may impart the disease to its previously healthy mother.

Syphilis communicable in both stages.

14. Evidence is conclusive to the effect that Syphilis may be communicated by intercourse during either of its stages, local or constitutional.

Treatment of primary sores.

15. The following remarks on the treatment of primary sores contain general views only, and may be the subject of occasional exception :—

The local and other varieties of soft sore.

The simple or non-infecting sore (and indeed all sores unmarked by specific induration) should be treated almost entirely by local applications, having for their object to allay pain or inflammation, and protect the sore from injury. Treatment by mercury, as a rule, is not requisite, but exceptional cases occur in which minute or alterative doses tend to accelerate the cure. It is very doubtful whether mercury exercises any useful influence on the purely ulcerative action of primary sores. If resorted to at all as a curative agent, it should be administered only in the latter stages of the sore. There is no remarkable feature in the progress of the inguinal glands towards suppuration, which demands comment. Their liability to suppurate, however, renders the destruction of the sore by escharotics desirable. Such treatment should only be resorted to in the earliest stage of the sore, and probably not later than two days from its first appearance. In other respects the most judicious treatment of all soft sores may be said to be negative and local; the great rule of practice being to watch and observe; nothing is lost by delay.

A sore of a suspected character should be carefully watched, and the first indication of a palpable hardness noted, by the presence of which the probability of future constitutional disease is indicated. This occasional specific induration of the soft sore occurs usually at its final stage, or stage of cicatrisation, in which mercurial treatment is rarely adopted by men of experience. As the amount of induration is not usually great, and the sore is in process of cicatrisation, treatment by mercury should be reserved for the prospective constitutional disease, should it present itself hereafter: because the balance of evidence warrants the belief that at this stage of the disease mercurial action in the system cannot avert the occurrence of secondary or constitutional disease. Mercury will neither arrest the progress of glandular enlargement nor prevent suppuration.—(*Vide postea*, Treatment of Syphilis, Sect. 16.)

Treatment of the indurated sore by mercury.

In the treatment of the indurated sore, mercury is frequently resorted to, the object being to obtain the absorption of the indurated mass beneath it, in the belief that the induration constitutes the disease to be contended with.

No treatment by mercury, whether moderately or freely administered for this purpose, can give exemption from the liability to constitutional disease. The service rendered by the mercury is, therefore, limited to its influence on the sore and the induration.

The weight of evidence on this subject preponderates in favour of the advantage of mercurial treatment in postponing or modifying the severity of the constitutional disease. On the other hand, it is contended by a minority of authorities that mercurial treatment of the hard sore neither prolongs the interval of apparent health, nor modifies the severity of the future disease.

The balance of these two opinions is rather favourable to

treatment of the primary hard sore by mercury. The alternative to the employment of mercury consists in simple local treatment, the avoidance of local irritants, whether medical or mechanical, attention to cleanliness, and to the improvement of the general health.

If treatment by mercury be selected, the agent should be administered more freely to a strong and vigorous person, than to one of delicate habit; and whatever the mode of exhibition, whether employed internally by the mouth, by inunction, or by means of vapour-baths, the first indication of its presence in the system should be accompanied by a reduction of the quantity employed, and the reduced dose maintained so long as an impression is made on the deposit, and the bodily health of the individual remains undisturbed. If administered in increased doses the constitution will suffer in proportion to their magnitude. There is no evidence more general and more conclusive than that which dictates the necessity for maintaining such controlling influence over the action of mercury. This principle should be persisted in until the induration is entirely removed by the absorbents.

Unless marked by manifest induration, *ab initio*, there is no warrant for the resort to mercurial treatment, in any form of primary sore, except as an alterative.

It is both a salutary and a frequent practice, to support the health of persons under mercurial treatment, by the resort to such medicinal or dietetic agency as will promote strength, and antagonise the depressing influence of the mercury. Bark, iron, wine, good beer, are commonly resorted to, and especially is their protective influence required in the case of persons of impaired health, or of naturally weak constitutional powers.

Treatment of primary sores by escharotics or by excision.

Treatment of primary sores, whether by excision or by escharotics, constitutes a prominent feature in the modern practice of surgery, and under favourable conditions may be resorted to with great advantage.

The local sore.

The suppuration of the inguinal glands occasionally attending the local sore may be avoided provided the sore be destroyed in its first stage, while in its pustular form, or immediately subsequent to it. Probably the operation would be useless if undertaken after the third day. Whatever the escharotic agent selected, the destruction of the sore should be complete. As a rule, the treatment of sores by escharotics is preferable to that by excision. The operation by the knife is painful, and very uncertain in its consequences; and if ineffectually done, it leaves a large wound to assume the morbid actions of the disease, which has been only partially removed.

The soft sore.

This principle regulates the treatment by escharotics of all soft sores, whether tending to infect the constitution or not. In the case of the soft infecting sore, it is obviously of great moment to destroy the local poison, and avert the train of constitutional symptoms which may possibly, nay, probably will

follow. Should the destruction of this sore by caustic fail of its object by reason of its imperfect application, or of the too advanced stage of the sore, it is not improbable that the consequences would be injurious, and that an earlier development of the poison in the system would result. The rule of practice, which limits the operation of destruction to the two or three days from the first development of the sore, must, therefore, be strictly adhered to. For the reasons before given, it is an operation which can rarely be resorted to with a prospect of success in the hospital class of patients.

The hard sore. The application of local agents for the purpose of destroying the hard sore is useless. The disease is generally detected by the presence of its induration, from the hour of the first development of which the constitution is probably involved, and no local application can arrest the progress of the disease, or render it less severe in its consequences. If the indurated mass be removed by the knife, a large wound is made, while the constitution is not necessarily protected from the occurrence of secondary disease.

Treatment of Syphilis (*i.e.*, Constitutional disease.)

Mercury.

16. The opinion of the Committee is unanimous in favour of mercury as the most efficient agent yet known in the treatment of Constitutional Syphilis.

Mercury cannot be deemed a specific in the ordinary acceptation of that term, and does not appear to exercise any direct influence on the poison of Syphilis, but on the effects of the poison only.

Opinions are divided as to its power, when administered in the primary affection, to postpone or to mitigate the severity of the symptoms of true Syphilis; if mercury possessed the properties of an antidote to the poison of Syphilis, it might with reason be employed at any stage before the constitutional symptoms appear. The non-resort to it during the interval between the healing of the sore and the appearance of constitutional symptoms proves that general opinion deems the action of mercury to be directed against the effects, and not against the poison. It is generally admitted that treatment by the agency of mercury is not indispensable to recovery, and that in many cases the disease will die out spontaneously at a longer or shorter interval of time; and again, it is a fact well worthy of remark, that Syphilis, in both primary and constitutional forms, may make its appearance in an individual whilst under salivation by mercury.

Still the advocates of mercurial treatment greatly preponderate amongst the witnesses, and, we believe, in the profession at large, and among them are included many who have tested the value of non-mercurial treatment, and who have returned to the use of the mineral after an impartial investigation into the relative value of each mode of treatment. (See Observations on the Treatment of Syphilis, by Thomas Rose, in Medico-Chirurgical Transactions, vol. viii, and Evidence, Q. 4,105.)

It is prominently in evidence, and is confirmed by the

experience of the Committee, that treatment by mercury is rarely expedient in any form of constitutional disease (Syphilis), accompanied by pustular and rupial eruptions, whether developed in the early stages of the disease, or reproduced at a later period. These forms of eruption are especially indicative of constitutional debility, and mercury, by its depressing influence on the health, tends to give force to the ulcerative action, and thus to neutralise the benefit resulting from tonic remedies. If there be any forms of Syphilis in which mercury is especially contra-indicated they are the pustular and rupial forms of the disease.

Mode of testing the quantity of mercury required.

There are two modes of gauging the quantity of mercury requisite in any given case: 1st, by its influence on the disease, and 2nd, by the evidence of its presence in the system. And it is well to retain this double test, because the presence of the mercury is not clearly indicated, either in the gums, in the breath, or in the increased frequency of the heart's action at the same interval in all persons. In some the fading eruption shows the presence of the remedy in the system before the gums are affected, in others after, and the period requisite for both also varies considerably in different constitutions, states of health, &c.

When the gums and breath are thus affected, it may be inferred that the maximum quantity of mercury that can prove serviceable in the treatment has been reached, and as the indications of its presence in the system daily advance, while the dose administered is stationary, it is desirable to reduce the quantity in order to render the indications stationary also, since a persistence in those early manifestations of its effects is all that is required.

Iodine.

Another remedy extensively used in the treatment of constitutional symptoms is Iodine in its various combinations. Iodide of potassium is, perhaps, the most efficient form for its administration. It is employed in doses of from 3 to 15 grains, and is often used in the dose of 10 or 12 grains, with advantage. It is mostly combined with cinchona bark or sarsaparilla.

Iodine in combination with mercury is frequently used, and testimony has been borne by many of the witnesses to the advantage arising from the combination.

Sarsaparilla.

Modern experience does not confirm the confidence formerly placed in several supposed remedies of the vegetable kingdom employed in the treatment of syphilis. Among the more prominent of these was sarsaparilla, which, notwithstanding the once almost boundless faith in its medicinal properties, does not at the present day command the confidence of the profession beyond its action as a mild, and occasionally a useful tonic. In this respect it possesses no especial virtues of its own, and is inferior to the various forms of bark.

Muddar, &c.

The same remark may be made of guaiacum, sassafras, and of the Indian root Muddar, which at one time was largely employed by the natives of India as a supposed anti-syphilitic agent.

Upon this important branch of their Instructions, the Committee are of opinion—

1st. That until a more efficient remedy be discovered, the occasional employment of mercury cannot be dispensed with.

2nd. That employed in moderation, and under judicious restrictions, it is to the large majority of constitutions harmless; and,

3rd. That when employed in such larger quantities as will cause salivation, the excess is not only useless, but assumes the character of a poison.

Their belief in the value of mercury as an anti-syphilitic agent is strengthened by observation of its remarkable influence in the hereditary Syphilis of new-born children. The evidence of the witnesses testifies strongly to the value of mercurial treatment, by the adoption of which children in great numbers are annually restored to health. (See Evidence, Q. 4,415 *et seq.*, 5,583 *et seq.*, 5,755 *et seq.*, 5,817 *et seq.*, 5,899 *et seq.*)

Treatment by syphilisation.

17. The opportunities hitherto afforded to the Committee for the investigation of the subject of syphilisation have been so limited that they have but few remarks to make upon it. It is in evidence that the practice of syphilisation has been adopted by some highly intelligent practitioners in Christiania, and is resorted to exclusively by one of the witnesses, in the treatment of Syphilis in this country (*Vide* Q. 4,642 *et seq.*) Although they have reason to believe it may prove serviceable in such chronic cases as have failed to yield to more ordinary treatment, they have no sufficient evidence of its curative properties to outweigh the obvious objections to its general employment; and even accepting the entire truth of the reports of its curative powers, the treatment is repugnant to the habits and feelings of the profession in this country, and, in the majority of cases, is slow of operation. The Committee acknowledge their obligations to Prof. Boeck, of Christiania, who, earnest in the cause, not less of scientific medicine than of humanity, volunteered a lengthened residence in England for the express purpose of explaining his views, and initiating English surgeons into the practical detail of his mode of treatment. They desire to express their admiration of the active zeal and earnestness which Dr. Boeck devoted to this cause, and their regret that the opportunities of truly testing the value of this principle of treatment are so rare and so uncertain amongst the shifting population of a large Metropolis; indeed, the Committee see no other means of attaining this object than through the active assistance of the Medical Officers of the Army, who alone have the necessary opportunities for a prolonged observation of the results of treatment.

Treatment of infantile Syphilis without mercury.

18. The remarkable success that has attended the treatment of infantile Syphilis by the agency of mercury has been recorded in this Report. The Committee desire to call attention to the

evidence given in reply to questions 6,246, *et seq.*, 6,431 *et seq.*, and 6,598, *et seq.*, on the subject of the non-mercurial treatment of syphilitic infants.

The results of these experimental enquiries, so far as they have been carried, assuredly point to the conclusion that the Syphilis of infants has no enemy to contend with more potent than a weak and anæmic state of the constitution, which disappears on the improvement of the general health. The disease, for the most part, according to the evidence above referred to, attacks children ill-nourished and ill-tended, who consequently fail in vigour of circulation. These children are placed on a nourishing diet, and supplied with strengthening remedies, medical and dietetic, and the disease subsides, and the cure is declared to be effected at a shorter date than that obtained through treatment by mercury.

Such is the evidence before the Committee, founded, however, on a rather limited number of cases, but which, although numerically small, is sufficiently important to claim the attention of the profession, and to justify a renewed enquiry in a larger and more general field of observation.

Ptyalism.

19. The fourth head of the Instructions given to the Committee refers to the best antidote to injurious mercurial action on the human system. The evidence shows that the use of mercury in the present day is so cautiously regulated as to render any reference to the subject in this Report almost unnecessary. The Committee, however, in respect to their instructions, suggest as remedies—the most abundant supply of fresh air, tonics combined with chlorate of potash, opium, and the moderate use of stimulants.

Phagedena.

20. A Report on Venereal Disease would appear to demand some reference to an affection which is often associated with it, viz., Phagedena. Although found in frequent alliance with venereal sores, the two diseases are distinct in their nature, and appear to have no necessary relation to each other. There is no evidence to show that a venereal sore becomes phagedenic because it is venereal. It is highly probable that any local sore on the genitals, occurring under circumstances favouring phagedenic action, would be equally liable with a venereal sore to become phagedenic. The two diseases become associated simply because the large majority of sores on the genital organs are of venereal origin.

Phagedenic action is eminently destructive, whether it prevail in the form of rapid ulceration of the surface of a sore, or whether, in its more active form, it involve the tissues around in a process of rapid ulceration, or even of sloughing. The loss of living structure may be small or large, dependent on the greater or less activity of the phagedenic action that produces it. It extends with a rapidity far greater than that which characterises any form of venereal or non-venereal sore, and, under conditions most favourable to its extension, often

rapidly destroys the entire glans, and the contiguous portion of the penis.

Like venereal disease, phagedena may exist as a local affection, or, where the local disease has been large and intractable, and the destruction of living tissue has been great, the constitution may become involved, and foul ulcers, of large size, characterised by a yet more destructive action than prevailed in the primary disease, may form on the surface of the body, on the head, face, trunk, and limbs, in large numbers. These ulcers extend with great rapidity until, reaching a certain magnitude, the active process of destruction appears to exhaust itself. The duration of this form of phagedena often extends over a period of eighteen months or two years, during which the ulcerative process ceases for a time, and is succeeded by that of imperfect granulation. But without any apparent cause these ulcers may again and again extend into wounds of formidable magnitude.

In its active forms phagedena is eminently contagious, and is communicated from bed to bed in hospital wards, by means of sponges, dressings, &c., attacking any and every description of wound, or other solution of continuity.

In the present state of knowledge respecting phagedena it is impossible to foretell whether, or why, any given sore should assume the phagedenic action, but it is known that every variety of sore may become the subject of it. Its presence betrays a defective condition of the health of those persons in whom it originates. Its ravages are most severe in crowded and ill-ventilated hospitals, and persons whose health has been undermined by the immoderate use of mercury are more especially liable to be affected by it.

Treatment of Phagedena.

In nearly all forms of phagedena the morbid action will cease on the destruction of the affected part. The agent most generally resorted to is nitric acid, which, in the less active forms of the disease, may be reduced in strength by the addition of three, six, or eight proportions of water. In the severe and destructive examples, nothing short of the strong acid, or any other equally powerful escharotic will suffice to arrest it. The constitutional forms are extremely intractable. They defy the ingenuity of the surgeon, and set at naught every variety of remedy brought to bear on them. With a worn and debilitated frame, bark, iodine, mineral acids, wine and nutritious food, and the freshest accessible atmosphere are the principal remedies on which reliance must be placed.

The Committee cannot close this Report without expressing their thanks to the numerous scientific and eminent persons who have so readily responded to the invitation to contribute the result of their experience on the subject under enquiry, and upon which the Report is mainly founded. The Committee have grappled with the numerous intricate questions arising out of the subject of Syphilis, and have endeavoured to draw such practical deductions as may be of service to the medical

departments of the Navy and Army, as well as to the civil department of the profession, to which they personally belong.

They have avoided as much as possible entering into subjects of speculative enquiry, believing they should best execute the task assigned to them by rendering their Report as practically useful as its required brevity would permit. They believe, however, it will be found to embrace all the leading and critical questions which the enquiry involves, and upon which they have recorded the result of their investigations without reservation.

The Committee do not pretend to have finally determined the several critical points of doctrine so long the subjects of controversy; but they venture to express the hope that future enquirers into the history, pathology, and treatment of Syphilis may derive assistance from their labours.

With regard to the future, the Committee are of opinion that a careful record of cases would be of great value. They advise that a Registration of Venereal Cases should be adopted in all the hospitals established under the Act of 1866 for the control of Contagious Diseases.

(Signed) FREDERIC C. SKEY, F.R.S., *Chairman.*

T. GRAHAM BALFOUR, M.D.

EDWARD COCK.

JAMES DONNET, M.D.

RICHARD QUAIN.

SAMUEL WILKS.

SPENCER SMITH (*Secretary*).

May 27th, 1867.

THE PORTION OF THE REPORT

Referred to at page iii.

ON PREVENTION.

THE Committee beg leave to report as follows upon that portion of their Lordships' instructions which has reference to "Any practical rules which the Committee can suggest to the military and naval authorities to diminish the frequency of the cases of contagion, and which are capable of adoption in the daily life of the ship or barrack."

The fact of their Lordships having appointed this Committee for the above purpose, would seem to indicate that no further evidence of the extensive prevalence and widespread ravages of syphilis was needed. The Committee content themselves, therefore, with merely placing before their Lordships the following Statistics of the Army serving in the United Kingdom, for 1864, and of the Navy, at home and abroad, for the year 1862, relating to this disease (vide Appendix), from which it appears that the admissions into hospital on account of venereal diseases among the troops serving in the United Kingdom, amounted in that year to 291 per 1,000 of the strength, that they constituted 29 per cent. of all the admissions, that the average number of men under treatment for them was 19·1 per 1,000 of the Force, and that the loss of service arising from them was equal to that of the whole Force serving in the United Kingdom for an entire week. The Statistics of the Navy for 1862, show the number of cases admitted for treatment —for all diseases—throughout the service to have been 1506 per 1,000 of the Strength. The average number treated for venereal diseases was 125·1 per 1,000, constituting 12·5 per cent. of all the admissions. The daily loss from venereal diseases was about 586 men per day, or in the ratio of 9·9 per 1,000, which may be looked upon as equal to the loss of the services of the whole complement of such a vessel as H.M.S. Royal Oak (iron-clad). The injury to the public service is, however, by no means fully estimated by the immediate and direct effect of the sickness of men who still remain in the Army and

Venereal diseases in the Army, 1864.

Loss of service from.

In the Navy, 1862.

Daily loss of service from.

Navy. The Committee have received much evidence showing that various other diseases, on account of which a considerable number of men are discharged as unfit for service, have their origin in syphilis, or in the waste of health which results from it.

Prevention of venereal disease in the Ionian Islands and Malta.

In the Appendix will be found a letter from Major-General Sir Henry Storks, K.C.B., addressed to the Chairman, in reply to enquiries, showing what has been done with eminent success to prevent venereal disease and diminish prostitution in the Ionian Islands and in Malta; also a communication from Mr. Inglott, Comptroller of Charitable Institutions at Malta, addressed to the Chairman, relating the successful result of the regulations in force with respect to prostitution in Malta.

Prostitution in Paris.

The Appendix also contains a Report of the enquiries made by the Chairman and Dr. Donnet into the subject of Prostitution in Paris, and the laws and regulations in force there for its repression. This document affords evidence that much may be done, not only to prevent disease, but to repress prostitution and even to reclaim the women engaged in it.

The Committee have examined upwards of sixty witnesses, including the highest authorities of the Army and Navy, medical officers of both services, and such members of the civil branch of the profession as were deemed likely from their opportunities of observation or great practical experience in the treatment of venereal disease, to be able to give useful information on the subjects under investigation, and here (although it must be again referred to in another portion of the more extended Report), the Committee cannot neglect the opportunity of calling attention to the evidence of the many distinguished authorities so strongly confirming the opinion which has of late years been increasing in strength amongst the profession, as to the fatal effects of syphilis on the human offspring. They testify to its prevalence amongst all classes of society, its insidious nature, the frequent failure of all but men of great experience to recognise it, and, moreover, to the most important fact, that the poisoned *fœtus in utero* is no infrequent cause of miscarriage in women.

Prevalence of hereditary syphilis.

The Contagious Diseases Prevention Act.

Proceeding to consider the question of prevention of venereal diseases, it was obvious to the Committee that *The Contagious Diseases Prevention Act* claimed their first attention.

In a measure successful.

The evidence shows that in one most important point that Act has proved successful, and in just that particular in which it might, *à priori*, have been expected to fail, viz., that which relates to the feelings of the unfortunate women with whom it has to deal; so far from opposing its operation, they appear to appreciate its value to themselves. Magisterial interference in its operation is the exception. Out of 752 informations laid, all the women attended voluntarily but 6; and there is evidence to show that they would be tolerant of even further interference, having their health for its object. On the other hand, that the Act is defective in many particulars is proved by an immense body of evidence; out of 60 witnesses examined,

The Act defective.

42 either declared the Act did not "go far enough," or offered opinions upon the directions in which its powers should be increased; of the 18 remaining, 5 stated that they were not acquainted with its provisions, and the others, having been called to give evidence upon special points of pathology, were not examined respecting it. The points in which the Act, as it now stands, appears to the Committee to be specially defective are these, viz.:—

As to evidence.

1stly. That the evidence commonly obtained as to the existence of disease in the women is bad of its kind, and inconclusive, and the mode of obtaining it very objectionable. The evidence of the police shows three sources of information: 1st. That of the soldiers and sailors affected, which is declared to be, for various causes assigned, almost worthless; 2ndly, that of the brothel-keeper, who for obvious reasons will not declare a girl to be diseased until she is so ill as to be a burden instead of a source of profit; and 3rdly, that of companions, who are frequently actuated by "spite."

Permits the spreading of disease during many days.

2ndly. That even if the evidence of the man (not infrequently drunk) were worthy of credence, he may not exhibit signs of infection for 12 or 15 days after intercourse, during the whole of which time the woman may have infected many other men.

Difficult and slow of operation.

3rdly. That in some localities the Act works with difficulty, and is slow of operation, Q. 6908 to 6915; and

Fails to detect disease in its earliest stages.

4thly and mainly. That it does not enable the authorities to seize upon and eradicate disease at its source and in its earliest stages, when soonest and most easily cured. Those prostitutes only against whom information is laid are liable to compulsory examination under the present Act. No fallacy can be greater than that which presumes on the power of detecting the presence of venereal disease in the system through the features and aspect of the subject of it. There is no indication known to the medical profession denoting its presence in the features of a patient until it has reached the constitutional or eruptive stage, and in the large proportion of cases there is no eruption at all. This fact applies with equal force to the question of examination of both sexes. The evidence obtained by the Committee from the large body of witnesses on this subject is entirely conclusive in favour of the absolute necessity of subjecting prostitutes to compulsory periodical examination,—of their immediate separation from the community when found to be diseased,—and their seclusion in hospital until cured. They deem these measures indispensable to any progress to be made with a view to diminish the prevalence of venereal disease, and in confirmation of the necessity of passing a law to this effect, they beg to state that these conditions strictly prevailed in all places in which success has attended the effort to diminish it. Thus Major-General Sir Henry Storks states—"When I held the office of Her Majesty's Lord High "Commissioner of the Ionian Islands I gave a good deal of "attention to this subject, and I found that the disease pre- "vailed in all the larger islands, and that the troops suffered a

Necessity for periodical inspection of all prostitutes, their separation when diseased, and seclusion until cured.

Sir H. Storks on venereal disease and prostitution in the Ionian Islands.

" good deal from it. It was determined to apply with care and " vigour the powers given by the law as regarded registration " and inspection of prostitutes, and all the women of the town " were registered by the police and periodically inspected by " the police physician. This careful and periodical inspection " was attended with the happiest results, and the disease may " be said to have almost disappeared in the islands of Corfu, " Zante, and Cephalonia." So Mr. Inglott says—" Our manage- " ment consists in the enforcement of a very simple mea- " sure. Females leading a life of prostitution were, from " the time of the Knights, I believe, subjected to certain " police regulations and to periodical personal inspection; " but in the beginning of 1859 it was found that the per- " sonal inspection was not ordained by law, but was a tradi- " tional abuse of power, which may be put at defiance by the " slightest resistance. The fact was artfully communicated to " the peculiar class of persons concerned, and a general resist- " ance was soon made to the practice. The awful consequences " of non-restraint soon became apparent, more especially in the " wards of the military and naval hospitals, and the Local " Government was moved to enact the enclosed ordinance (vide " Appendix), with a view of preventing the spreading of the " disease. From its few and brief enactments the details of our " management can be very easily inferred. The operation of " this law has had the effect of checking public prostitution to " a great extent, besides of annihilating almost the disease."

Mr. Inglott on the same in Malta.

Again, Mr. Inglott says—" The Malta law, you will observe, " does not involve a system of legal recognition of public pros- " titution; it does not licence females to the unlawful occupa- " tion, but simply places those who practice it under a kind of " surveillance, with a view of obtaining a sanitary advantage by " enforcing a measure which tends to mitigate or prevent the " awful consequences of neglected syphilitic affections. Besides " periodical personal inspections, the Malta law also enjoins " the establishment of Lock Hospitals, without which the good " results I have described would not have been obtained." Important testimony to the same effect will be found in the evidence of Admiral Sir Wm. F. Martin, Bart., K.C.B., Questions 6981, 2, that of Mr. Perry, Q. 473, as to Malta; of Dr. Dickson, Q. 648, as to Hong Kong; Mr. Stuart, in India, Q. 857; Mr. Comrie, Q. 980; Dr. Mackay, Q. 1134, 1172 to 1182; Mr. Sloggett, Q. 1515 to 1520; Dr. Deas, Q. 2505; Dr. Caddy, 6725, and others, who bore testimony (respectively) to the beneficial effects of police regulations of the same kind at various stations. The Committee have great reason to believe, that venereal disease prevails to a much larger extent in the three towns at present under the operation of the Act, than the Police have adequate power to detect and cope with. The Superintendent of Police at Chatham says—" We have little difficulty " in obtaining information in the case of the lowest class of " prostitutes; but in the case of others not connected with " low brothels, though they are common prostitutes, it would

The Police on prostitution in Portsmouth and Chatham.

"be difficult to obtain information as to whether they are "diseased. I should think they number from 300 to 400 in the "1,000 amenable to the law. Such persons could only be "reached by periodical examination." (See the evidence of Dr. Leonard, Q. 6539 *et seq.*, and that of Mr. Guy and Mr. Strength, Superintendents of Police, Questions 6745 to 6916).

Proposed amendments in the Act.

The Committee, then, earnestly recommend that the following additional powers should be obtained, under an amended Act, viz.:—

Periodical inspection of all known prostitutes.

1st. That assuming it to be an indisputable fact that the power to repress venereal disease holds close relation with the power to obtain access to it in its early stages, during which it is more virulent and more readily communicated to persons susceptible of infection, *a periodical inspection or examination of all known prostitutes be made compulsory, under a well organised system of Medical Police.*

Surgeon to be appointed for the purpose, and invested with all necessary powers.

2nd. That a Surgeon be appointed by Government in each town for this duty; the said examination to be made by him either at the homes of the women, or at a dispensary, or hospital appointed for the purpose; and that such Surgeon be provided with the necessary powers for sending to Lock Hospitals all women found to be diseased either with primary venereal affections or constitutional syphilis; and for retaining them there until cured, or restored to their friends.

Punishment for infringement of the Act.

3rd. That a penal clause be introduced into the Act for the purpose of punishing those who infringe its regulations.

Extension of the Act.

4th. That the operation of the Act be extended to all garrison and seaport towns in the kingdom, where troops or ships of war are stationed.

Residence of prostitutes in public-houses and beer-shops.

5th. That a clause be introduced for the prevention of the residence of prostitutes in public-houses and beer-shops.

All the Lock Hospitals should be under Government control.

The Committee also recommend that all the Lock Hospital accommodation required under the Act, should be, as far as possible, in the hands of the Government, and independent of private management.

Stipendiary magistrate necessary, with extended jurisdiction.

They also recommend that, wherever possible, a Stipendiary Magistrate should be appointed, or a fitting medical man invested with magisterial powers, as more likely than a non-professional man to take an active interest in the efficient working of this Act; and also that the jurisdiction of such magistrate should be extended beyond the limits of the military or naval stations included under the operation of the Act. See Q. 1001, 3, and 6912.

Solicitation by prostitutes in the streets.

They also feel that more particular instructions should be given to the borough police in the garrison and seaport towns, with a view to prevent the open solicitation by prostitutes in the public streets, and the scandalous and barefaced immorality which is spoken of by some of the witnesses as disgracing Portsmouth and other towns of the same class; indeed, they cannot forbear stating their opinion, founded on the testimony before them, that the entire control of prostitutes might be safely con-

fided to a judicious police administration, under the immediate sanction of a Secretary of State.

These amendments proposed in the interest of the women.

The Committee would have more hesitation in so earnestly recommending a periodical examination of the public prostitutes under the Act, and their seclusion until cured, did they not confidently feel that in so doing they are acting not only in the interest of the community, but especially so in that of the women themselves, with whom their profession has taught them deeply to sympathise, and, were they not, moreover, convinced that such examination in nowise involves the legalisation or, in any respect, the encouragement of vice. They believe that by a treatment, while in hospital, marked by sympathy and kindness, by a careful selection of attendants, and by the co-operation of judicious friends, many of these women may be brought to a sense of their past degradation, and their intercourse with the world be renewed with credit. The seclusion of the women in known and recognised hospitals would afford the earnest and zealous sympathisers with this class the easiest and fullest opportunity for ministering to their need. For the full confirmation of this statement, the Committee appeal with satisfaction and confidence to the Report on Prostitution in Paris appended to this Report.

Expense of Lock Hospitals considered.

These recommendations will no doubt involve considerable expense—particularly in the item of increased Lock Hospital accommodation. This accommodation must be ample. It is at present manifestly most insufficient. The Committee estimate that to make any serious impression upon the amount of venereal disease in Portsmouth, Chatham, and Devonport (the only towns in which the Act is yet in operation), a very large addition to the present number of beds will be required; but no addition to the present number of Lock Hospitals can meet the existing difficulty unless free access be obtained to the focus of disease. Such a large increase, however, would not be necessary for any lengthened period—a smaller addition might suffice for a permanence; and for the present, temporary buildings might be obtained or erected. It is manifest that venereal diseases can never be much diminished while diseased women are turned away from the doors; as they have no alternative but starvation or prostitution, they must return to the streets and engender more disease. Again, upon the question of the expense of Lock Hospitals, the Committee feel satisfied that it will fall short of the amount of the annual cost incurred by Government in the loss of services of the men, and the expense of their treatment for venereal disease, not to mention the loss sustained by the premature discharge of men on account of diseases engendered by syphilis.

Periodical inspection of the men.

However efficiently the regulations as regards women may be carried out, their success in arresting the spread of disease must be very imperfect, unless similar precautions be adopted for preventing the men from carrying infection to the women. The Committee have been led to give much consideration to the subject of periodical examinations of the persons of the

men of both services. All the men of both services are inspected at fixed times with a view to their general health. The examination consists in the inspection of the men, who have their chests, arms, and legs bared for the purpose, while the genital organs so prone to disease, whether contagious or otherwise, are not examined. These examinations are known as "health inspections," and in the judgment of the Committee are incomplete in a very material point inasmuch as they leave unseen those parts so frequently the seat of contagious disease. While it may be inferred that the influence of any disease discovered on the parts exposed in the "health inspections" would be limited to the individual affected, that of the genital organs is but a link in the chain of disease which may be communicated through women to other men, and traced from individual to individual, involving many in its consequences. The practice of periodical examination of all soldiers exposed to venereal contagion was general throughout the army prior to the year 1859, when it was set aside in accordance with the recommendation of the Royal Commission on the Sanitary Condition of the Army, 1857, presided over by the late Lord Herbert. Since that date it has been still retained in certain regiments as a regimental order. The Committee are of opinion that the practice, so far as the soldier is concerned, should be universal throughout the army, and that it is no less necessary to the health of the sailor whenever he has the opportunity of access to women. Without such a regulation, the proposed periodical examination of women must lose half its value. They have no doubt that as formerly carried out, personal inspection, *en masse*, was very offensive both to medical officers and men, but they have as little doubt that it can be done with such decency and privacy as to lose that offensive character. The evidence given before the Committee by the highest military authorities is entirely favourable to such examinations. His Royal Highness the Duke of Cambridge says, "I have no hesitation in "saying that I always very much regretted that the inspection "to which you have referred was done away with. I have con- "sulted with a great many of the most intelligent General Officers "and others who have commanded regiments for a long time, and "so far as I have been able to ascertain I have not found one "who has dissented from me in that opinion—not one who was "not strongly of opinion that such medical inspections were not "only desirable but absolutely essential, and they stated that "they had always regretted that they were discontinued." Q. 7035, 6, 7. See Sir Richard Airey's evidence to the same effect. Q. 6374, 6406, 7, 8, 9, 10, 11; 6427. Sir Henry Storks, in his letter before referred to in the Appendix, says, "But if it be important to inspect closely and periodically "the women of the town and to have them under police control "as regards registration and inspection, it is equally of con- "sequence to have the troops under observation and discipline. "In the first place every man in a regiment or a ship should be "inspected once a week, and if found with the venereal disease

" a soldier should be punished by being obliged to bring up all " the duties he misses whilst in hospital during his cure." See also to the same effect, the evidence of Mr. Longmore, Professor of Surgery at Netley Hospital, Q. 325, 9; that of Dr. Nelson, Q. 1294, 5, 6; 1307, 8, 9, 10, 11, 15; and Mr. Trotter, Q. 5652 to 5674; 5703 to 5708; 5728, 9; 5730, 1; 5743; 5754.

Objections to periodical examinations considered.

At the same time the evidence shows that objections are made by many medical officers to the examinations for venereal disease. These objections are thus expressed in the evidence of His Royal Highness the Duke of Cambridge, " At the same time " it is right that you should also be informed by me that I have " consulted with the Director-General of the Medical Department, " and he does not entertain the same opinion. He thinks that " it was an extremely distasteful, and was considered a very " offensive duty by the Medical Officers of the Army; and " further, that the advantages to be gained by it did not com- " pensate for the discomfort and distaste that was felt by the " Medical Officers; and he based his opinion upon certain " statistics, which of course I am not responsible for, but which " you will have an opportunity of obtaining if you like to call " for them. He stated that the discontinuance of the regular " periodical examination of the men since 1859 did not result in " a larger amount of venereal disease than had existed pre- " viously to that examination being abolished. That appears " to be the exact state of the matter; but as far as my feelings " are concerned, I cannot imagine that an examination, properly " and regularly conducted, as I think it ought to be, would not " have the effect which you, and probably many of the members " of this Committee, would expect." With reference to the statistics referred to by His Royal Highness, the Committee have no expectation that the examination of soldiers and the discovery of disease upon them would have any effect in hinder- ing their being diseased, unless by preventing the circulation of disease amongst women; and they would remark that at the time when examinations were in force in the army women were not examined. These objections have been founded, not on any doubt as to efficient examinations affording facilities for the early detection of disease, but upon the feeling that they were distasteful to the men and derogatory to the character of the medical officers. The Committee would call attention to the fact that the opposite opinion is held by a large and influential body of the medical officers of both services, and is, in their belief, universal among those of the Civil Service. See the evidence of Sir William Fergusson, Bart., Q. 2633, 4, 5; 2646, 7, 8; of Mr. Syme, Q. 2734, 5; 2755, 6; of Mr. Lane, Q. 2951, 2, 3, 6; of Mr. Langston Parker, Q. 3374; of Mr. De Meric, Q. 4045; of Dr. Watson, Q. 4750, 1; of Mr. Erichsen, Q. 5465, 6; 75, 76; and Dr. Byrne, Q. 6023. Upon this point the Committee would suggest that possibly many of the objections to periodical examinations on the part of the men of both services might be met by their classification in different lists,—such lists having reference to marriage, conduct, age, and so forth.

Classification of the men suggested.

There can be no doubt that periodical personal examinations of all men of the two services having access to public women, would not be so imperative a necessity if it were possible to enforce a punishment rigid enough to induce the men to declare themselves infected immediately they discover the fact; but there seem to be as many difficulties surrounding this subject as that last considered,—and, therefore, the Committee restrict themselves to the statement, that although they highly approve the existing regulations, they would be glad to see them made more efficient by throwing greater responsibility upon the men themselves. Punishment for concealment of disease.

The Committee attach great importance to the practice of ablution, especially if resorted to immediately after sexual intercourse. The evidence shows a very general want in both services of means and opportunities for personal ablution in private. They feel that no arguments can be necessary on such a subject, and strongly recommend that increased facilities should be placed at the disposal of the men, not only in the form of baths supplied with hot and cold water, but also of taps fitted up, both in the lavatories and the guard rooms, at which men could wash their persons readily and in private. All soldiers detained as prisoners should be compelled to do this as soon as convenient. They feel convinced that great good would be effected by the medical officers of both services explaining the value of habitual personal cleanliness, to the men themselves, and encouraging them in every way to report themselves to the surgeon at the earliest moment when diseased. The very act of frequent ablution would lead the men to discover disease at the earliest period, and would prevent the plea of ignorance of the fact. Increased facilities for ablution.

The measures which have of late years been adopted to improve the condition of both soldiers and sailors, the steps which have been taken to provide means of healthy exercise and recreation and to find occupation for them in their leisure hours, and the additional comfort which has been introduced into barracks and ships, appear to be important means of reducing indirectly the amount of venereal disease in both services, by lessening the temptation of the men to resort to beer-shops and brothels. The Committee earnestly recommend the further extension of these measures, because they feel that until the men are provided with some means of employing themselves profitably or pleasantly when off duty: and until their abodes—whether they be barracks, hulks, or ships—are made cheerful and comfortable, it is almost hopeless to expect that the men will, as a general rule, resist the temptations held out to them elsewhere. They recommend that Sailors' Homes should be adopted as Government institutions, which, after being built and furnished, might be made self-supporting. While they appreciate the advantages offered in both services by the Savings Bank, which enables the men to lay up a portion of their earnings as a provision for the time when they shall retire into civil life, the Committee would suggest, as a further protection to the sailor against the robbery to which he is too often subjected, Recommendations as to moral and physical condition of the men. Sailors' Homes. Savings Banks.

that a regulation should be made to prevent him assigning his pay while employed on a foreign station to any one but a near relative. (See the evidence of Sir William F. Martin, Bart., Q. 6982, and others, upon this subject.)

The merchant service a fertile source of venereal disease in seaport towns.

The Committee confidently believe that if the foregoing recommendations were acted upon with energy, the amount of venereal disease might be greatly reduced amongst the men of the army and navy. They cannot ignore, however, the existence of a fertile source of disease in the seaport towns, which the Contagious Diseases Prevention Act, even as proposed to be amended, would still leave untouched, viz.,—that which is introduced by the sailors of the merchant service of our own and other nations. These men, it is well known, are frequently diseased, and often remain for a long period without any kind of treatment. This involves so many important considerations that the Committee only venture to call serious attention to the subject

(Signed) F. C. SKEY (*Chairman*).
B. G. BABINGTON, M.D.
T. GRAHAM BALFOUR, M.D.
(Dissentient for reasons annexed.)
EDWARD COCK.
JAMES DONNET, M.D.
RICHARD QUAIN.
SAMUEL WILKS, M.D.
SPENCER SMITH (*Secretary*).

Reasons of Dissent from that portion of the Report of the Venereal Diseases Committee which relates to the means of Prevention.

I regret that I differ from my colleagues so strongly on some of the more important points in this part of the Report, that I feel it to be my duty to place upon record my grounds of dissent.

I. I cannot concur in the recommendation to introduce a system of weekly examination of all known prostitutes. The Committee do not state in what manner they intend this measure to be worked, but I do not see how it could be done efficiently without adopting a system of registration as in France (Q. 6885). This would, in my opinion, involve the legislative recognition of prostitution as a branch of industry. It appears to me that the direction which should be taken in legislative interference on this subject ought to be that of repression, not of protection, and that its aim should be to keep prostitution within limits rather than to afford increased facilities for promiscuous intercourse of the sexes, which seems an unavoidable result of such recognition.

Every one who has paid any attention to the subject must admit the impossibility of putting down prostitution, but this cannot be held as a reason for fostering it. There are other evils which legislation has failed to suppress, such as vagrancy and mendicancy, but this fact has never been recognised as an adequate reason for permitting them to be carried on, even in a modified form, under police supervision.

The Committee in enforcing their recommendation of a weekly examination of common prostitutes, connect it with the question of the reformation and restoration to society of this class. That much may be done by judicious sympathy with the women in Lock Hospitals is a well-known fact, but this may be equally accomplished without the aid of weekly inspections. It will scarcely be suggested that the work of reformation is likely to be carried on by the examining surgeon, or the superintendent of police.

II. The second point on which I dissent from the Report is the recommendation of a weekly inspection of the soldiers and sailors for venereal disease.

1. I concur in the opinion so forcibly expressed by Admiral Sir F. Grey, "that it would not be expedient to subject all our respectable seamen and married men to the degradation of being inspected in that way, under the suspicion of their having the disease," (Q. 7045). "That our whole object has been to raise the character of our seamen, particularly that of our petty officers, and I should be very sorry indeed to take any step which I thought would have

the effect of destroying their self-respect by a practice which I think would be very prejudicial to the character of the men," (Q. 7047). These opinions are equally applicable, *mutatis mutandis*, to the Army. The tendency of our military legislation for many years past has been to raise the *morale* of the soldier. I can conceive few measures more demoralising than such a weekly inspection, which implies that you expect to find a number of men labouring under disease and endeavouring to conceal it. It is surely a natural deduction, that if the men find you expect such conduct of them they will not fail to justify your expectations. It appears to me unjust to subject the steady, well-conducted soldiers to such an ordeal on account of a few irregular disorderly men in the corps. The proper course seems to be to order all men who contract disease, however trifling, to show it at once to the surgeon, and in the event of their neglecting to do so to punish them for disobedience of orders. Throw upon the soldier the responsibility of reporting himself as soon as he contracts disease, but do not subject his comrades to such an inspection in the hope of detecting him should he neglect this duty.

2. I think it a question deserving careful consideration what effect the adoption of these inspections would have upon the re-engagement of men on the expiry of their first term of service. The re-engagement of such men is deemed of great importance by the military authorities, and inducements are held out to them to remain in the service. These inspections are very distasteful to the men, and particularly to the best class—the steady, regular soldiers—and it seems probable that their introduction into the service would exert a prejudicial influence, and tend to counteract the measures which have already been adopted to encourage re-engagement.

3. The system of weekly inspections in the army for venereal disease was abolished by the medical regulations founded on the Report of the Royal Commission on the Sanitary Condition of the Army, presided over by the late Lord Herbert, which were issued in 1859. One of the reasons for its abolition was the dissatisfaction which these inspections caused among the medical officers. It appears to me that it would be most inexpedient to introduce into the service a measure which would be certain again to give rise to great discontent, unless upon very much stronger evidence of its practical utility than is to be found in that taken before the Committee.

There are some minor points in the Report to which I might take exception, but as they do not involve principles of importance, I do not think it necessary to record my dissent from them.

I have no desire to evade, under the plea of being a dissentient, the responsibility, which devolves on me in common with the other members of the Committee, of recommending to the Government such practical rules as appear likely to diminish the prevalence of venereal diseases in the two services, and to be applicable to the special conditions under which soldiers and sailors are placed.

In submitting the following suggestions it may be necessary to observe that some of them are identical with those made by the Committee; but I have deemed it advisable to re-state them as part of a scheme, rather than to confine my recommendations to those points on which I differ from my colleagues.

The following are the recommendations which I offer for the consideration of the authorities:—

I. *With Reference to Prostitutes.*

1. That the Contagious Diseases Prevention Act, amended as hereafter stated, be extended to all garrison towns, and to all seaport towns where there are Government dockyards and arsenals, or which are recognised stations of ships of the Royal Navy.

2. That the clauses in the "Towns Police Clauses Act" (10 and 11 Vict., c. 39. cl. xxviii. and xxxv.) which relate to common prostitutes, or night-walkers, loitering about and importuning passengers for the purpose of prostitution, and which interdict the assembly of prostitutes in public-houses and beer-shops, be introduced into the Act.

3. That more ample powers than at present exist be given to the police entrusted with the execution of the Act, for the surveillance of brothels and the suppression of disorderly conduct in them.

4. That the 18th clause of the Act be amended so as to make it an offence on the part of brothel-keepers to harbour a diseased prostitute, without making it imperative to prove that they have done so *knowingly*.

5. That authority be given to the Magistrate, if he think fit, to send any common prostitute, or night-walker, who shall be brought before him, charged with the offence of loitering and importuning passengers, to the Lock Hospital for examination, and, should she be found to be diseased, to order her detention there under the provisions of the Act.

6. That ample hospital accommodation for all diseased women brought in by the police, or voluntarily applying for admission, be provided, arrangements being made to obtain temporary accommodation in the event of an unforeseen increase in the number of cases.

7. That in case, at the end of the three months authorised by clause 16 of the Act, any woman detained in hospital under the Act shall still be affected with syphilis, the Magistrate shall have authority, on the recommendation of the Medical Officer in charge of the Lock Hospital, to extend the period of her detention for an additional three months, or so much of that period as may be deemed necessary.

8. That the Magistrate be empowered to order the detention of any diseased prostitute who shall have voluntarily gone into the Lock Hospital for treatment, until such time as she is dismissed by the proper authority, notwithstanding she may wish to leave previously.

9. That the execution of the Act, so far as relates to the surveillance of brothels and the enforcement of the clauses relating to common prostitutes or night-walkers, be confided to superintendents or inspectors of the Metropolitan Police, who shall act under orders from the Chief Commissioner, and from the Magistrate specially appointed under the Act, and shall be empowered to call upon the Local Police for such assistance as may be necessary for the efficient working of the Act.

10. That in each town in Great Britain to which the Act shall be extended, a military or naval officer on the staff, or medical officer on half-pay, be appointed to be a Magistrate *pro tem.* of the district included under the operation of the Act, with power to give all such orders authorised by the Act as may seem to him necessary for the purpose of efficiently carrying its intentions into effect; and that in Ireland this duty be performed by the Stipendiary Magistrates.

11. That with a view to remove any uncertainty as to the meaning of the words Garrison and Seaport Towns, the Secretary of State for War and the Admiralty be empowered to name from time to time such towns as in their opinion should be included under the operation of the Act, a notification of the same being inserted in the "London Gazette."

II. *With reference to Soldiers.*

1. That all men going on furlough, with the exception of serjeants and married men, should be previously inspected by the Medical Officers.

The temptation to a man to conceal disease which he has contracted just before the issue of the furloughs is very great, and there is reason to fear that if he went on furlough he would be too likely to propagate the disease. It is necessary, therefore, to take some steps to prevent him yielding to the temptation.

2. On returning from furlough every man, with the exceptions already stated, should be similarly inspected.

The conduct of many men while absent from their corps is too often not characterised by strict morality. It is advisable to prevent, as far as possible, these men from bringing back to the station where their regiment is quartered a disease which they would be not unlikely to communicate to the unfortunate women frequented by their comrades, and thus inflict an injury on both.

I have never spoken on the subject to any medical officer who did not recognise the propriety of an examination under these two circumstances. I feel satisfied, therefore, that its adoption would not occasion any dissatisfaction among the medical officers, that it would be done efficiently, and that the soldiers, seeing how much it is made in their interests, would heartily concur. The inspection would be so seldom required as to be fairly deemed an exceptional measure, and would consequently be free from the objection made to weekly inspections on the score of their demoralising tendency.

My want of familiarity with the arrangements of the Naval Service disqualifies me for giving an opinion as to the possibility and expediency of introducing a similar measure into it, but the Admiralty can have no difficulty in obtaining the advice of officers well qualified to give it, and competent to form a sound judgment on this subject.

T. GRAHAM BALFOUR,
Deputy-Inspector General.

APPENDIX.

No. 1.

ARMY STATISTICS.

VENEREAL DISEASES, 1864.

Average strength of Troops serving in the United Kingdom in 1864		73,252
Total Admissions into Hospital from all causes		70,806
do. do. from Venereal Diseases		21,296
Average number constantly in Hospital for Venereal Diseases		1399·2
Average period of Venereal cases under treatment		23·98 days
Loss of Service by Venereal Diseases in whole Force		6·97 days
Rates per 1,000 of strength	Admissions from Venereal Diseases	290·7
	Constantly in Hospital for Venereal Diseases	19·10

Diseases.	Admitted.	Mean daily Sick.	Average duration of Cases. Days.
Venereal—Primary	7,432	544·5	26·13
„ Secondary	2,562	200·6	28·58
Syphilitic Iritis	156	13·6	31·82
Bubo	2,011	199·3	36·17
Warts	182	7·6	15·24
Gonorrhea	8,056	381·5	17·28
Phimosis	113	6·6	21·32
Orchitis	549	28·8	19·15
Stricture	234	16·7	26·05

NAVY STATISTICS.

ESTIMATE of the cost to Government of Venereal Diseases in the ROYAL NAVAL SERVICE (Service Afloat) for the Year 1862.

Average strength of the Navy (S.A.) for 1862, 58,870.	Total No. of days sickness on board.	Total No. of days sickness in hospital.	Total No. of days sickness.	Average No. of men sick per diem.	Ratio per 1,000 of mean force.	Annual average cost of wages per man, £32.	Annual average cost of victuals per man, £19.	Annual cost of hospital expenses, £29 10s., per man.	Total Cost.
						£	£	£	£
Syphilis	91,613	71,370	162,983	446·5	7·5	14,289	4,769	5,768	24,826
Gonorrhœa	19,670	3,346	23,016	63·0	1·1	2,018	1,024	270	3,312
Orchitis	17,568	4,166	21,734	59·5	1·0	1,905	915	337	3,157
Stricture	3,163	3,317	6,480	17·7	·3	568	165	268	1,001
	132,014	82,199	214,213	586·7	9·9	18,780	6,873	6,643	32,296

Average No. of men sick daily throughout the service for the year 1862, 3370·1
Total number admitted from all causes 88,611
Total number admitted for Venereal Diseases 7,376
Hospital expenses for 1862, £99,411.

The Service Afloat of the Royal Navy is alone represented in the above Table.

This Table comprises the statistics of Venereal Diseases of all Ships in Commission and of all Naval Hospitals at home and abroad.

The statistics of Venereal Diseases of the Royal Marine Corps; of Seamen and Coastguard men sent to sick quarters have not been considered; and, therefore, the expenses for Marine Infirmaries for the care of Seamen and Coastguard men in sick quarters are not included in the hospital expenses for this year, nor are the expenses for the conveyance of invalided Seamen sent home from abroad included.

If these sums be added, if the diseases consequent upon Syphilis, viz., diseases of the vital organs and special senses, of rheumatic and bone affections be included, the sum of £32,296 would be better represented by that of £50,000 as the cost of Venereal Diseases in the Royal Naval Service for 1862.

No. 2.

Lt.-General Sir Henry Storks, K.C.B., to Mr. Skey, Chairman of the Committee.

Sir, *Palace, Malta, October* 22, 1865.

I HAVE the honor to acknowledge the receipt of your letter of the 6th instant requesting me to communicate to the Committee now sitting at the Admiralty, for the purpose of investigating the subject of the venereal disease, some of the results of my experience on this important question. I respond with great pleasure to your invitation, and shall be happy to give you all the information I possess on the subject.

I must premise that my observations, as the result of experience, will only extend as far as Her Majesty's troops are concerned on the different stations where I have served.

Every one must admit the prevalence of the venereal disease, particularly at home stations, and any one who is in the habit of looking at soldiers must be struck with the number of men to be seen in the ranks who are tainted with this fearful malady. The question is, can this disease be checked? Can it be controlled? Can the health of the troops and of the seamen of the fleet be guaranteed against contracting this direful malady? I believe that all this can be done.

I proceed to indicate the places where I have seen the venereal disease checked and controlled, and to state the means by which this great result has been achieved.

When I held the office of Her Majesty's Lord High Commissioner of the Ionian Islands I gave a good deal of attention to this subject, and I found that the disease prevailed in all the larger islands, and that the troops suffered a good deal from it.

It was determined to apply with care and vigour the powers given by the law as regarded registration and inspection of prostitutes, and all the women of the town were registered by the police and periodically inspected by the police physician.

This careful and periodical inspection was attended with the happiest results, and the disease may be said to have almost disappeared in the Islands of Corfu, Zante, and Cephalonia.

In Malta the same police regulations exist, and I know of no place so singularly free from venereal disease as regards the professional prostitutes.

To give an example of the actual state of Malta as compared with stations where the women of the town are not inspected, I would refer to the condition of the garrison with reference to the venereal disease during last spring and summer.

On the 12th of April the 84th Regiment disembarked at Malta. On that day the cases under treatment in the hospitals, including the whole garrison of this fortress amounting to 6,192 men, were 5.

The 84th Regiment reported 19 cases on arrival, and a week after their disembarkation there were 38 cases in the regimental hospital, the increase arising from undetected cases during the voyage.

The 29th Regiment disembarked on the 1st of July, and reported 16 cases of venereal. The day previous there were only 23 men under treatment for this disease in the garrison, and the majority of these cases were in the 84th Regiment.

After the 29th Regiment had been a week in the command, 23 cases were under treatment in the regimental hospital.

Both regiments came from Dublin to Malta. Yesterday, the 21st October, there were only 8 cases of venereal disease reported in the garrison. This statement will, I think, sufficiently prove the superior sanitary condition of a place as regards the venereal disease where the women of the town are registered and inspected.

But if it be important to inspect closely and periodically the women of the town and to have them under police control as regards registration and inspection, it is equally of consequence to have the troops under observation and discipline.

In the first place, every man in a regiment or a ship should be inspected once a week, and if found with the venereal disease, a soldier should be punished by being obliged to bring up all the duties he misses whilst in hospital during his cure.

A man found to be diseased should be required to give the name and address of the woman by whom he was infected, and she should be at once inspected by the police physician, and if found diseased sent to hospital. It has been found sometimes both at Malta and in the Ionian Islands that the woman indicated by a soldier has proved on inspection to be free from the disease. This arises from a wish on the part of the soldier to screen the woman who really diseased him, or from his not knowing or remembering the woman with whom he had connection. Men should be encouraged by expostulation to give the name of the women who diseased them.

I consider it very important that the married soldiers should be closely inspected, because I am satisfied that in many instances the disease is propagated by the wives of soldiers; and it is natural to suppose that if a married soldier is found to be diseased his wife is in the same condition. It is to be regretted that the women of regiments cannot be inspected as well as the men, as much suffering would be averted from the poor creatures themselves and from their offspring.

In conclusion, I am of opinion that very little benefit will result from the best-devised means of prevention until prostitution is recognised as a necessity, and until hospitals are provided for the women of the town to resort to.

The amount of disease and misery that would be prevented by enforcing a sanitary inspection of prostitutes is incalculable, and it is a subject which earnestly claims the attention of the authorities competent to deal with it.

I have, &c.

(Signed) H. K. STORKS.

No. 3.

Mr. Inglott, Comptroller of Charitable Institutions at Malta, to Mr. Skey.

Office of Charitable Institutions,
Malta, November 6, 1865.

Sir,

I HAVE the honor to acknowledge the receipt of your letter of the 10th ultimo, informing me that a Committee of medical men has for some time been sitting in London to investigate and report to Government on venereal disease, its treatment and prevention, and requesting me to furnish you, as the Chairman of that Committee, with any "statistics" or other "details" of "our management" which may be useful to you in your future Report, having for their object the mitigation of the terrible evils of prostitution in London, and the arrest of the progress and extension of syphilitic disease.

As regards "statistics," I regret I am unable to furnish you with any information, as public prostitution in this small island has never assumed that "alarming magnitude" and that "brazen effrontery" as to induce authority to conceive or enact any special measures for its "regulation" or "suppression," and the evils arising therefrom have never made their appearance in those terrible forms which are common in many other parts of Europe, notwithstanding our position as a "centre passing point," the "permanent residence of a large garrison," and the "occasional presence of a numerous fleet."

This "apparently necessary evil of social profligacy" has always been in Malta below its normal proportion with reference to the density of our population, and the local circumstances above stated.

Assertions are thoughtlessly made by travellers and others which tend to create unfavorable impressions, and give rise to exaggerated conceptions on the subject in question; but patient enquiry, careful observation, and judicious discrimination in establishing facts of so much importance, will at once convince anybody that the Island has been given a name which it does not deserve.

All the indices of public morality in Malta point out to a minimum average, and periodical results are given which, in the eye of a political economist, would be set down as insignificant items, especially as regards that of public prostitution.

Previous to the restriction, which I shall hereafter mention, the number of public prostitutes has never exceeded 200, including foreigners, a fact which, when considered with reference to a population circumstanced as that of Malta, will justify me in stating that public prostitution in this island is so limited in number that it cannot form the subject of instructive social statistics.

Yet syphilitic affections, it is generally asserted, are by no means uncommon. This fact is easily explained.

The unfortunate women who take to prostitution being few in number, in the midst of a large permanent and moving population, must have more than ordinary employment, and it naturally follows that if one alone be tainted with the horrid evil (in the majority of cases inoculated from imported infections) the propagation of the disease soon becomes one of the clamours of the town, and in a day obtains by exaggeration the character of an epidemic, and the subject of prostitution is for a short time the set topic of discussion among the sensual portion of the population.

Judging from the Lock Hospital under my control the disease invariably abounds among the class of low prostitutes who are almost

exclusively frequented by "soldiers and seamen," which explains the fact why the consequences of the infection have been more frequent among these individuals than among the native population.

The disease very seldom if ever exists among the few respectable prostitutes (if I may so designate them), almost all foreigners, scattered in the towns of the island.

"Our management" consists in the enforcement of a very simple measure.

Females leading a life of prostitution were, from the time of the Knights I believe, subjected to certain police regulations and to "periodical personal inspection;" but in the beginning of 1859 it was found that the "personal inspection" was not ordained by law, but was a traditional abuse of power which may be put at defiance by the slightest resistance. The fact was artfully communicated to the peculiar class of persons concerned, and a general resistance was soon made to the practice.

The awful consequences of non-restraint soon became apparent, more especially in the wards of the military and naval hospitals, and the Local Government was moved to enact the enclosed Ordinance, with a view of preventing the spreading of the disease.

From its few and brief enactments the "details of our management" can be very easily inferred.

The operation of this law has had the effect of checking public prostitution to a great extent, besides of annihilating almost the disease.

Prostitutes averse to the medical-police inspection have since emigrated to Alexandria and to other eastern cities, and females inclined to lead a profligate life have been deterred from taking to the streets by the revival of the "old police measure."

The registers contain at present hardly 120 prostitutes, generally of the very lowest class of the population, without the least personal attraction, and half idiotic.

In fact, public prostitution can be hardly said to exist in Malta, and the absence of this "apparently necessary evil" is beginning to inspire apprehensions as regards the safety of "private virtue and morality."

This abnormal state of things has lately become known in other parts of the Mediterranean, and an immigration of foreign prostitutes has been the immediate consequence.

The Malta law, you will observe, does not involve "a system of legal recognition of public prostitution," it does not "license females to the unlawful occupation," but simply places those who practise it under a kind of surveillance, with a view of obtaining a sanitary advantage by enforcing a measure which tends to mitigate or prevent the awful consequences of neglected syphilitic affections. Besides "periodical personal inspection," the Malta law also enjoins the establishment of "Lock Hospitals" (see enclosure, Article 4), without which the good results I have described would not have been obtained.

Syphilitic affections, being thus timely discovered and forcibly placed under medical treatment, are generally primitive in their character, and consequently easily overcome. Cases of consecutive syphilis are comparatively rare, and none present those horrid forms so common where the disease is under no surveillance.

Seasons have come during which the wards of the "Lock Hospital" contained one or two cases, and were it not for the inoculation from imported affections by foreigners and others, the disease would have long been extinct.

In proof of the above circumstances I have only to state the fact which is to be observed, at this very moment, in the wards of the Central Hospital of this island, where no less than fifteen patients (seamen of a Russian man-of-war) are under treatment for syphilitic affections of various forms, contracted in the town of Brest. These men, I am informed, have been "on shore" before their admission into the Hospital!

Considering the successful working of the "simple management" our law prescribes, I may conclude by observing that, if the important question upon which your Committee is called upon to report be so agitated by the public as to persuade Parliament to deviate slightly from their strict adherence to "constitutional principles," and to adopt a "special law," similar in its general provisions to ours, the terrible evils of prostitution in London will be greatly mitigated, and the progress and extension of syphilitic disease considerably arrested.

I have, &c.

(Signed) J. V. INGLOTT,
Comptroller of Charitable Institutions, Malta.

(Enclosure in No. 3.)

Ordinance No. IV of 1861, *intituled "For the Prevention of the Spreading of Venereal Diseases;" promulgated by Proclamation. Dated 14th June,* 1861.

Ordinanza statuita dal Governatore di Malta, col parere e consenso del Consiglio di Governo della medesima, per prevenire la Propagazione di Malattie Veneree.

(Translation.)

An Ordinance enacted by the Governor of Malta, with the advice and consent of the Council of Government thereof, for the Prevention of the Spreading of Venereal Diseases.

Preamble. WHEREAS it is expedient to prevent the spreading of venereal diseases, it is hereby enacted and ordained by His Excellency the Governor, with the advice and consent of the Council of Government, as follows:—

Prostitutes liable to be visited by Police Physician. ARTICLE 1. Any person, being notoriously a prostitute, shall be liable to be visited, three times in each month, by one of the Police Physicians, for the purpose of its being ascertained whether such person is affected with venereal disease.

The visit shall be made in a place to be for that purpose appointed by the Superintendent of Police.

How to be summoned. 2. The person referred to in the preceding Article shall be summoned to appear for the purpose of being visited as aforesaid, by means of an order in writing, signed by the Superintendent of Police, and stating the time and place in which the visit shall be made.

Punishment for refusal. If such person shall refuse to appear at the time and place aforesaid, or, if on her appearance she shall refuse to be visited, such person shall be punished with imprisonment for a term not exceeding three months.

When punishment remitted. 3. The punishment provided in the preceding Article shall be remitted as soon as the person sentenced shall consent to be visited.

Proceedings if a prostitute is 4. If the aforesaid Physician shall declare the person visited to be affected with venereal disease, such person shall be kept in custody, and

reported to be affected with disease.

shall, on the same day, be brought before the Court of Judicial Police; which Court, on the aforesaid declaration being confirmed by the Physician, upon oath, shall order such person to be taken to a Public Hospital, or to any other place which may for that purpose be appointed by the Head of the Government, to be therein kept under medical treatment until she is cured.

Other Physicians may be appointed.

5. It shall be lawful for the Court, at the request of the said person, before giving the order referred to in the preceding Article, to appoint two or more other Physicians, for the purpose of ascertaining the existence of the disease.

Costs.

If such other Physicians shall confirm the opinion given by the Police Physician who shall have made the visit contemplated in the preceding Articles, the aforesaid person shall be sentenced to pay a sum equal to the amount of the fee to which such other Physicians are by law entitled.

When proceedings may be omitted.

6. The proceedings indicated in Article 4 shall not take place in cases where the aforesaid person shall, upon the declaration of the Police Physician that she is affected with venereal disease, consent to go to, and remain in, the Hospital or other place mentioned in the said Article, for the purposes therein contemplated.

Passed the Council of Government at Sitting No. 24, May 20th, 1861.

(Signed) G. B. TRAPANI,
Clerk to the Council.

Assented to this 13th day of June, 1861.

(Signed) J. GASPARD LE MARCHANT,
(L.S.) *Governor.*

By command,
(Signed) VICTOR HOULTON,
Chief Secretary of Government.

No. 4.

Mr. Inglott to Mr. Skey.

Office of Charitable Institutions, Malta,
Valletta, November 30, 1865.

Sir,

WITH reference to my letter of the 6th instant, on the subject of public prostitution and syphilitic disease in the Island of Malta, I beg to trouble you with one or two particulars on the same subject as regards the sister Island of Gozo, which I consider will corroborate the statements I made on the state of Malta.

The Island of Gozo is exclusively inhabited by a rural population, whose habits and social virtue are very remarkable.

As travellers, soldiers, and seamen hardly ever visit this island, contamination, or rather inoculation, has never taken place.

The total population exceeds 16,000 souls, and yet there are no public prostitutes, and syphilitic disease is positively unknown.

Amorous strife is, however, by no means uncommon, as the men are healthy and the women good looking; but any mischief arising therefrom is generally remedied by a hasty marriage, which circumstance explains why illegitimate births and foundlings are rare occurrences in Gozo.

I have, &c.
(Signed) J. V. INGLOTT, *Comptroller, &c. &c*

No. 5.

REPORT ON PROSTITUTION IN PARIS

ON THE LAWS IN FORCE FOR ITS REPRESSION:

AND ON THOSE DIRECTED AGAINST THE INCREASE OF CONTAGIOUS DISEASES IN FRANCE.

BASED UPON PERSONAL ENQUIRIES IN PARIS IN SEPTEMBER, 1865,

By the CHAIRMAN and Dr. DONNET,

With the assistance of Dr. VINTRAS.

"*Of all contagious diseases to which the human species is liable, and which cause to society the greatest evils, there are none more serious, more dangerous, nor so much to be dreaded, as syphilis; and I am not afraid of being accused of exaggeration in saying that its ravages far surpass those of all the plagues which at different times have terrified society.*

"*Thousands have been spent every year, for more than a century, to stop the progress of the plague, which, although existing permanently at Constantinople, has not yet depopulated it; the same is done for yellow fever, which, however terrible, has not prevented the prodigious increase of the American towns; and nothing has been done to arrest the progress of syphilis—the worst and most frightful of all plagues—which for nearly three hundred years has been raging amongst us.*

"*Such neglect could hardly be believed, and will, I am sure, astonish future generations.*

"*If legislation cannot render men virtuous, if it cannot correct their judgment, and repress the impetuosity of passions which appeal to their senses too loudly to leave them the consciousness of duty; at least, it may meet the danger to which the imprudent expose themselves, and for the sake of these men's wives and children look after the health of the guilty in order to preserve the innocent. I will go further, for I maintain that it ought to do so, and that those who have neglected this important duty have been unfaithful to their trust, and can only be excused by their ignorance of the benefits of the sanitary surveillance of prostitution.*"

(*PARENT-DUCHATELET.*)

Historical and legal notes.

The law of France does not recognise prostitution; but the supervision of abandoned women has at all times been regarded as an object of real social interest, and the repression of the evils of prostitution has always been considered to be a police duty, and in that view placed under the charge of the executive power.

Thus, by virtue of certain Royal Ordinances and ancient regula-

tions, extending as far back as 1684, 1715, and 1788,* women who abandoned themselves to that kind of life came under the immediate jurisdiction of the police, and were compelled to comply with several conditions, the principal of which were :—

Inscription in a special register;

Sanitary visitation;

Confinement in pursuance of an order of the executive whether for prevention, discipline, or medical treatment.

These regulations, which were in force at the outbreak of the Revolution of 1789, are still applied in their integrity in Paris; and it is admitted that they have ever since been very valuable. They have received unanimous assent, and public opinion has constantly appreciated both their advantage and necessity.

The legislature perceiving the impossibility of establishing fixed laws on these subjects, while it at the same time recognised the necessity for especial measures in the interest of safety, order, morality, and, —above all,—the health of the community, wisely delegated to municipal authority a discretionary power of intervention, and instead of circumscribing it with impracticable limitation, assigned to it the important duty "of giving the public the benefit of thoroughly effective police regulations."

It is by virtue of this general delegation that the municipal authority has been enabled to make the following regulations compulsory upon all persons devoting themselves to prostitution, namely, the registration of their names in the books of the police; the prohibition against their leaving their houses at certain hours; the exclusion from places of public resort; their subjection to medical inspection, and to compulsory treatment in case of illness, involving thereby the right to seclude them.

All these measures, to some extent conflicting with the ordinary rights of individuals, have been successively sanctioned by the Court of Cassation, which in France is the supreme authority in legislation.

Still it cannot be said that individual liberty and private interest are left without security against arbitrary oppression, since such interests find a legitimate protection in the right of appeal to superior authorities—the Council of State, the Senate, &c., and, above all, in the personal responsibility of the agents of the Executive, who are liable to be brought to account, and prosecuted criminally, with the sanction of the Council of State, when called upon to decide *primâ facie* whether the authorities have exercised legitimately, or have abused, the powers which they derive from the law.

Moreover, if this jurisdiction conferred on the municipal authorities did not exist, if the facts upon which its exercise is founded were referred to a Court of law, the regulations themselves would practically be null and void, and the real object of the Legislature would be entirely lost. Who, indeed, would venture to discuss before public

* A Royal Ordinance of the 20th of April, 1684, consigned the house of the Salpetrière to the seclusion of abandoned women, and transferred to the Lieutenant of Police the jurisdiction previously exercised by the "Provost;" His Majesty ordering "that the decisions of the said Lieutenant of Police in these particular cases, for which His Majesty grants him, as far as necessary, all cognisance and jurisdiction, be executed without appeal."

A Royal Ordinance in August 1715, opened a special hospital for the treatment of women affected with syphilis.

A police regulation of the 6th of November, 1778, determines certain obligations to be imposed on public women, and amongst others, their compulsory seclusion in the hospital.

audiences in the Courts, incidents, the bare enunciation of which would be an offence against morality, and the proof of which could not be judicially established, except at the cost of the happiness and the honor of families? Such enquiries also must necessarily prove injurious to the morals of the young.

Thus it is seen, that in every particular, the power exercised by the Executive is vindicated by a consideration both of necessity and legality. The Legislature exactly appreciated the nature of this question, and acted with happy foresight, in confiding to the Prefect of Police the right of dealing with prostitution by preventive or repressive regulations. This was undoubtedly one of the best means devisable for the prevention of scandalous acts which violated public decency, and also for the repression of certain diseases whose contagion was dangerous to society.

Police administration

The execution of the regulations of the Prefect of Police demanded the creation of a special Department called the "Section des Mœurs," and which comprises two Divisions—

The Administrative and the Active.

The staff of the Administrative Division consists of an investigating Commissary ("Commissaire Interrogateur"), an Under Commissary, a Secretary, and several other officers. This Division does not occupy itself exclusively with what relates to prostitution, but is also entrusted with the charge of all matters that concern the morals and the health of the community.*

The Active Division is composed of forty Agents or Inspectors, under the direction of a Superintendent called "Officier de Paix." They are especially charged with the execution of the measures and regulations adopted for the repression of clandestine prostitution; the apprehension of persons who are guilty of or who abet it; the surveillance of the tolerated houses of Paris and the suburbs; the search after women who fail to attend the sanitary visitations enjoined on them; and also the good order of the streets in regard to public morality.

Clandestine prostitution.

It is not to be inferred that the Administration seeks to enforce the registration in the Police-books of every woman who practices clandestine prostitution; on the contrary, it opposes it with all its power. In official language, a girl or a woman who leads a disorderly life, or who lends herself to any man, is not on that account alone a prostitute. To warrant her treatment as a prostitute there must be a combination of circumstances, such as the proof of former offences, public notoriety, or other form of conclusive evidence, &c. Then only does the Executive determine that she shall be entered on the police registers.

If girls who have been taken up are minors (under twenty-one), the Administration requires their detention in a special Department at St. Lazare, at once informs their parents, guardians, or relatives, and privately explains to them the motives of their arrest. If their families claim them they are restored to them. If they are not claimed the Administration finds itself compelled to register them on their coming out, prior to which they are placed under medical treatment, and under all circumstances they are detained in seclusion until they have attained the age of seventeen.

As regards women of twenty-one and upwards, the Administration is obliged to adopt a different course, since it has no legal power to detain them, or to prevent their following a life of prostitution. They endeavour to impress on them the degrading character of the position to which their conduct must reduce them, and to make them understand

* Indecent pictures, obscene photographs, street singing, street begging, vagrancy.

the nature of the sanitary and other regulations which will be imposed upon them.

If the women have been arrested for the first time, and the reports of the Inspectors fail to show that they have habitually led the life of prostitutes, the Administration postpones their registration; after having previously ascertained, however, that they are not suffering from any contagious disease. If otherwise, they are sent to St. Lazare, or to some civil hospital, and placed under medical treatment, before being set at liberty.

It will be seen from the annexed Table, which includes the statistics of four years, that in the year 1864, out of 1,934 clandestine prostitutes who had been arrested, 1,125 *were restored to their friends;* in other words, that a large number of women, who for the most part were victims of seduction, want, or their own inexperience of the arts of vicious men, were rescued from vice, and restored to their families.

If to these we add the 123 detained at the Maison de St. Lazare, the 65 at the Couvent de la Madeleine, as a punishment for insubordination to parental authority, for which they are amenable to the French laws, and the 120 cases of scabies sent to the hospitals, we have a total of 1,433 women rescued from prostitution out of 1,934 arrested. 250 only had to be registered at the time, and the remainder, being affected with venereal diseases, were sent to St. Lazare for treatment, a relative proportion of whom are also reclaimed.

These figures contain an answer to the objection which has often been raised, that these women are only taken away from the streets for a time, since the number registered in each year only amounts to about 270.

TABLE showing the Number of Women yearly arrested in Paris for Acts of Clandestine Prostitution.

	1861.	1862.	1863.	1864.
Total number of women arrested	2,322	2,987	2,124	1.934
Among these—				
Were restored to their families	1,172	1,651	1,100	1,125
Found affected with venereal disease and sent to St. Lazare	540	579	424	249
Sent to ordinary venereal hospitals, on account of doubtful prostitution	2	6	1	2
Affected with scabies	153	214	177	120
Detained at St. Lazare	113	127	104	123
Detained at the Convent of the Madeleine (for repentant girls)	68	93	78	65
Placed on the list of registered prostitutes	274	317	240	250
	2,322	2,987	2,124	1 934

Registered women.

The prostitutes registered in the books of the police number about 5,000. They are divided into two classes:—

The registered women;

The women in tolerated houses.

The registered women (filles libres, filles soumises, filles isolées, filles en carte) are those who, although subjected to rigorous regulations, have nevertheless obtained permission to reside in their own apartments and to appear in the streets. Of these there are in Paris about 2,800.

It is an error to suppose that these women receive from the administration a sort of patent, or legal licence, for pursuing their career as prostitutes; with the exception of an indispensable protection against ill-treatment on the part of their visitors, they are subjected to such regulations as should disgust them with their position, and induce them to make every effort to escape from it.

They are compelled to carry about their persons constantly a card, upon which is entered their name, their address, and the date of their last sanitary visit; and also a copy of the obligations and prohibitions to which they have to conform. Among the latter are the following:—

They must show their card upon every demand made by the officers of police.

They are expected to present themselves, at least once in every fortnight, at the sanitary dispensary, in order to be examined; and if found labouring under any contagious disease they are at once sent to the Hospital of St. Lazare.

They are not allowed to leave their house before the street lamps are lighted, or to remain out later than 11 o'clock P.M.

They must not stop in the public thoroughfares, form groups, walk in company, or allow themselves to be accompanied by men.

Precincts of churches, covered passages, boulevards, gardens, public establishments, theatres, and table-d'hôtes are interdicted to them.

They must, moreover, be simply dressed so as not to render themselves objects of remark.

They are not allowed to ride in open carriages, to show themselves at their windows at any hour, on any pretence, or to share their lodgings with a "concubinaire," or with another woman.

For the contravention of these regulations they are punishable according to the gravity of the case.

The following Table which represents four years, shows that out of 5,000 registered women, including in nearly equal proportions registered women and women in tolerated houses, there were, in the year 1864, 4,812 apprehensions of women for infractions of the rules, 3,155 of whom were sent for punishment to St. Lazare, the latter number representing the number of punishments awarded, and not the number of women actually punished, since some of them may have been on several occasions the subject of punishment, and 989 released, having been merely reprimanded.

This large number of 4,144 cases in which the Administration had to interfere in the cause of public order exhibits the vigilant supervision constantly exercised over public women.

The number of registered prostitutes in Paris is about 5,000.

TABLE of Registered Prostitutes.

	1861.	1862.	1863.	1864.
Total of arrests for infringement of the Police regulations	4,225	4,640	4,221	4,812
Amongst these—				
Were sent to St. Lazare for punishment	3,096	3,264	2,713	3,155
Found diseased and sent to St. Lazare	450	488	543	455
Found affected with scabies, &c.	244	227	218	212
Aged and infirm, sent to workhouse	0	6	1	1
Released (simply admonished)	435	655	746	989
	4,225	4,640	4,221	4,812

Erasure from the Register.

Every public woman who really desires to renounce prostitution may obtain the erasure of her name from the Register of the Police, on stating her means for procuring an honest livelihood. Her presence is insisted upon for the purpose of giving proof of her sanitary condition, because on her restoration to ordinary life she will cease to be subject to the control of the Administration.

The erasure is attended with no difficulty in the case of projected marriage, or of organic infirmities certified by one of the surgeons of the dispensary; and also of women who, having returned to their families, live with them and have given proof of orderly conduct.

In other cases the person applying to have her name erased from the register is subjected to a two or three months' special surveillance, and if her change of conduct appears likely to be permanent, she obtains the definitive erasure of her name.

About 700 or 800 women annually obtain the erasure of their names and abandon prostitution.

Tolerated houses.

Tolerated houses are, as their denomination indicates, houses tolerated by the police administration and subjected to severe special regulations, which are rigidly enforced under pain of a suspension, or of a total withdrawal of the toleration—a step which entails the immediate closing of the houses without notice and without appeal.

It is of the utmost importance to sanitary surveillance and public order that clandestine prostitution should be prevented, but it is not by destroying or closing its known resorts in any particular district that public women can be compelled to leave them. Such measures, on the contrary, rather tend to multiply them, and to augment the evils and the disorder of which they are the cause.

The administration no more creates tolerated houses than it creates prostitutes. It simply obeys the requirements and the habits of each locality. If it tolerates establishments of this kind, which it possesses the power of visiting at any hour of the day or night, and which it subjects to sanitary and other regulations, it is because their presence affords the surest means of suppressing houses of clandestine prostitution over which its action is powerless.

The tolerated houses generally contain a number of women varying from five to fifteen, and are kept by persons who have themselves been prostitutes. They are called "Dames de Maison,"* and they alone are responsible to the administration for the execution of the police regulations. All the women are visited once a week by one of the Surgeons of the dispensary; and should any one be found to be affected with a contagious disease, she is immediately sent to the Hospital of St. Lazare.

Toleration is only accorded to those "Dames de Maison" who, by their previous good conduct, have inspired the administration with a certain amount of confidence. Among the prohibitions and restrictions which are imposed upon them are the following:—

"They are obliged to obtain the permission of the proprietor of the house; to provide a separate room for each woman, and to cause to be registered within twenty-four hours, the women who present themselves as residents or those who leave them.

"Their windows are required to be kept constantly closed, the panes to be of ground glass, and the outside wooden blinds fastened with padlocks.

"There is allowed one entrance only to their house, no side or back doors being permitted.

* Or, Maîtresses de maison.

"They are required to insist upon their women having decent attire, and not to permit inebriety or excess.

"If a woman between the sanitary visits be attacked by a contagious disease they are required immediately to take her to the sanitary dispensary.

"They are expressly forbidden, among male visitors, to receive minors, young collegians, or students of the civil and military schools.

"The 'Dames de Maison' of the suburbs (now outside the fortifications) are obliged to take women once a week to the sanitary dispensary in closed carriages."

All the tolerated houses which contain an *estaminet* (smoking and drinking saloon)—and those of the suburbs and in the vicinity of barracks are generally in this category—must be closed at 11 o'clock, and their owners are not allowed to display in the windows any bottles, glasses, or other objects which might indicate that drink was to be obtained there. As these houses are principally frequented by soldiers, the "Dame de Maison" is required to demand from them their card of permission to remain after tattoo, or to sleep out all night. They are also required to point out to the police inspector every individual who should remain in their house upwards of twenty-four hours.

Any "Dame de Maison" who offends against these regulations may be punished by suspension or the definitive withdrawal of the toleration.

The amount of capital at stake in these establishments to some extent affords the administration a security for the obedience of the "Dames de Maison."

There are in Paris and the old suburbs 218 tolerated houses, and 18 outside the fortifications, making a total of 236. They contain about 2,400 women.

If we take the number of tolerated houses in each of the twenty arrondissements, or districts, into which Paris is now divided, it would appear obvious that the administration has only submitted to a local necessity which it could not resist.

St. Lazare.

The house of St. Lazare is the prison for females in the "Département de la Seine." It is divided into three sections.

The first contains women charged with and arrested for crimes and offences, and women who are undergoing punishment. Although confined in the same section of the establishment, these women are placed in different departments, and cannot communicate with one another. They are distributed in rooms containing five, six, or seven persons.

In the second are placed the registered and the clandestine women detained for punishment for infractions of the police regulations. These two classes are not on any account allowed to hold communication. The public women sleep in spacious dormitories.

The third is set apart for young girls, minors, who have been arrested on charges of clandestine prostitution, and are detained by the administration either for the purpose of communicating with their families, or of punishing them for infraction of the police regulations. Other girls are also confined there, either for insubordination to paternal authority, disorderly conduct, offences against morals, or some other breach of the law for which they are liable to punishment.

They sleep apart, each in a small room, or cell, always open, and thus enabling the Sisters on duty to observe their conduct in privacy. Besides receiving religious instruction from the resident Chaplain, they are visited by the "Dames Charitables de l'Œuvre des Prisons," and by Protestant ladies. These ladies often succeed in reclaiming them, and

in procuring for them some occupation by which they can gain an honest livelihood. Eighty per cent. of these young girls are thus rescued from prostitution. (This statement is made on the authority of the Chaplain. See previous statement and table.)

At the instigation of the parents, the administration occasionally remits the punishment due to insubordination, and places the girl in some duly recognised convent.

On the 22nd of September, 1865, there were at St. Lazare 68 minors between the ages of 12 and 18, 434 public women between the ages of 20 and 40, of whom 200 were suffering from venereal diseases.

The diseased registered women are attended in the infirmary on the first floor. The clandestine women in the infirmary of the second floor.

The Sisters (Order, Marie-Joseph) devoted to the service of the prisons perform all the duties of the house.

There are work rooms, in which the women are occupied from 6 in the morning to 6 in the evening, with the exception of an interval for meals.

Their daily dietary consists of soup and vegetables, with the exception of Sundays and Thursdays, on which days they are allowed meat.

The Medical Department comprises:—

A Surgeon, who visits the establishment every day.

Two Resident Medical Officers, always on duty.

An Apothecary.

The Infirmary of Registered Women.

The Infirmary of Clandestine Women.

A separate ward for the treatment of scabies.

About 150 accouchements take place there annually.

Sanitary Dispensary.

The Medical Staff of the Sanitary Dispensary for the visitation of the public women of Paris consists of—

A Head Surgeon;

Eleven Surgeons.

The sanitary visits with which they are entrusted are made at three different places:—

1st. At the Dispensary;

2nd. In the tolerated houses of Paris;

3rd. At the "depôt" of the Prefecture of Police.

Examination at the Dispensary,

At the Dispensary the Surgeons examine the registered women, who are obliged to attend twice a month; those who are registered for the first time; those who, having been registered women, become inmates of tolerated houses; those who have been taken up for clandestine prostitution, and who are always examined previously to being registered or released; the women residing in the tolerated houses of the suburbs, who are taken there once a week in closed carriages.

The duty of the Surgeons of the Dispensary is simply to ascertain the existence of contagious affections, and they immediately send all the diseased persons to St. Lazare.

in the tolerated houses,

In the tolerated houses of Paris the women are visited regularly once a week by one of the Surgeons of the Dispensary. To each of them is assigned a certain number of houses. The sanitary state of every woman is recorded in a special book kept in the house, and a monthly report is addressed to the Head Surgeon. Such of the women as are found to be diseased are compelled to go to the Dispensary, to be visited there again, and should their disease be confirmed they are at once sent to St. Lazare.

At the "depôt" of the Prefecture of Police are provisionally detained all persons arrested during the night for crimes and offences. If the inspectors recognise among the number any public women, they are examined before being set at liberty, because, as these women generally belong to the worst class of prostitutes and a great number of clandestines are discovered among them, it is of the utmost importance that their state of health should be ascertained. All examinations are made with the speculum, except in the case of registered women, who in ordinary circumstances are only fully examined every alternate visit. at the depôt.

The whole number of sanitary visits made at the Dispensary, in the tolerated houses, and at the "depôt," amounted to 162,705 in the year 1857; 159,148 in 1858; 129,635 in 1864: thus divided for the year 1864:—

In the tolerated houses of Paris	35,516
At the Dispensary for the women of the tolerated houses of the suburbs	38,012
At the Dispensary for the registered women	46,824
At the Depôt of the Préfecture of Police for women of all classes ..	9,283
	129,635

One hundred and fifty thousand visits annually are made in the interest of the public health. The following Table gives the total numbers of women found to be suffering from syphilitic diseases during the years 1861, 1862, 1863, and 1864: 1,000 women, immediately on the detection of their diseases, are annually placed in seclusion, and are only restored to liberty on the recovery of their health.

TABLE showing the Number of Women found affected with Syphilis:—

	1861.	1862.	1863.	1864.
Women in tolerated houses of Paris	149	167	159	105
Women in tolerated houses of the suburbs	197	230	280	184
Registered women	104	91	104	120
Clandestine women	540	579	425	251
	1,090	1,067	968	660

The gradual diminution of syphilitic diseases observed during the four years above referred to, even amongst the clandestine women, gives evidence of the advantage of the sanitary surveillance of public women.

The three following Tables exhibit the statistical results of the medical operations of the Sanitary Dispensary in the years 1857, 1858, and 1864. Statistical results of the Dispensary.

The first part shows the exact number of registered public women on the first day of each month. They are divided into three different classes:—

1. The women of the tolerated houses of Paris.
2. The women of the tolerated houses of the suburbs, almost exclusively frequented by soldiers.
3. The registered women.

In that part will be found the number and the average proportion of women suffering from syphilitic diseases in each class, and of those also who are labouring under non-syphilitic contagious affections.

The second part shows :—

1. The number of clandestine women taken up for prostitution and brought to the Dispensary.

2. The exact number and also the proportion of those who were attacked with syphilitic diseases.

3. The number of those who were suffering from non-syphilitic contagious affections.

And, lastly, the monthly number of sanitary visits, and the total for each year.

MONTHLY TABLE, showing the Number of Diseased Women detected by the examination of the Surgeons of the Sanitary Dispensary.

1857.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Totals.
Part I.													
Total number of registered women on the 1st of every month	3,361	3,372	3,363	3,351	3,362	3,348	3,306	3,317	3,304	3,289	3,289	3,267	
Divided into—													
Women in tolerated houses of Paris*	1,044	1,044	1,044	1,044	1,044	1,044	974	974	974	974	974	974	12,108
Affected with syphilis	42	45	44	46	31	35	35	26	36	32	35	20	427
Mean proportion	1 in 24	1 in 23	1 in 24	1 in 23	1 in 34	1 in 29	1 in 28	1 in 37	1 in 27	1 in 30	1 in 28	1 in 48	1 in 28
Women in tolerated houses of the suburbs†	706	718	710	717	700	680	706	667	683	688	709	730	8,414
Affected with syphilis	43	55	55	51	50	44	37	44	32	34	32	29	506
Mean proportion	1 in 16	1 in 13	1 in 13	1 in 14	1 in 14	1 in 14	1 in 19	1 in 15	1 in 21	1 in 21	1 in 22	1 in 25	1 in 16½
Registered women	1,611	1,610	1,609	1,590	1,618	1,624	1,626	1,676	1,647	1,627	1,606	1,569	19,418
Affected with syphilis	8	12	12	12	17	16	9	15	8	6	11	8	134
Mean proportion	1 in 200	1 in 134	1 in 134	1 in 132	1 in 95	1 in 100	1 in 180	1 in 112	1 in 206	1 in 271	1 in 146	1 in 196	1 in 145
Suffering from scabies, &c.	26	31	33	34	28	25	23	17	19	19	26	16	297
Part II.													
Non-registered women (clandestine)	124	103	145	97	149	118	146	176	135	123	124	90	1,530
Affected with syphilis	37	22	58	23	46	28	36	43	35	31	23	31	413
Mean proportion	1 in 3	1 in 4	1 in 2	1 in 4	1 in 3	1 in 4	1 in 4	1 in 4	1 in 4	1 in 4	1 in 5	1 in 3	1 in 3½
Suffering from scabies, &c.	15	10	14	14	19	16	15	17	12	11	16	8	167
Number of examinations made every month	13,582	13,835	13,875	13,255	13,484	13,186	13,963	13,748	13,461	13,693	13,272	13,351	162,705

* As Paris was before the annexation of the suburbs.

† Comprising the old suburbs of Paris. These houses are generally near the barracks, and mostly frequented by soldiers.

MONTHLY TABLE, showing the Number of Diseased Women detected by the examination of the Surgeons of the Sanitary Dispensary.

1858.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Totals.
Part I.													
Total number of registered women on the 1st of every month	3,267	3,289	3,263	3,290	3,263	3,266	3,209	3,131	3,280	3,168	3,206	3,213	
Divided into—													
Women in tolerated houses of Paris*	1,009	1,009	1,009	1,009	1,009	1,009	910	910	910	910	910	910	11,514
Affected with syphilis	27	24	26	22	22	18	40	24	26	21	17	17	284
Mean proportion	1 in 39	1 in 42	1 in 38	1 in 46	1 in 46	1 in 56	1 in 23	1 in 44	1 in 35	1 in 43	1 in 53	1 in 53	1 in 40½
Women in tolerated houses of the suburbs†	734	706	678	718	708	696	690	741	709	718	720	715	8,533
Affected with syphilis	38	36	27	42	42	40	26	41	39	27	30	22	410
Mean proportion	1 in 19	1 in 19	1 in 25	1 in 17	1 in 17	1 in 17	1 in 26	1 in 18	1 in 18	1 in 26	1 in 24	1 in 32	1 in 21
Registered women	1,524	1,574	1,576	1,563	1,546	1,561	1,609	1,480	1,661	1,540	1,576	1,588	18,798
Affected with syphilis	9	24	5	14	9	14	14	17	11	6	11	12	146
Mean proportion	1 in 169	1 in 65	1 in 310	1 in 111	1 in 171	1 in 111	1 in 115	1 in 88	1 in 151	1 in 256	1 in 143	1 in 132	1 in 128½
Suffering from scabies, &c.	20	27	30	23	16	22	16	24	26	20	15	16	255
Part II.													
Non-registered women (clandestine)	77	91	81	76	120	178	113	92	127	105	95	100	1,255
Affected with syphilis	22	25	14	18	35	31	37	27	37	27	17	23	313
Mean proportion	1 in 3	1 in 4	1 in 6	1 in 4	1 in 3	1 in 5	1 in 4	1 in 3	1 in 4	1 in 4	1 in 5	1 in 4	1 in 4
Suffering from scabies, &c.	9	4	12	9	16	27	11	8	15	9	7	15	142
Number of examinations made every month	13,205	13,138	12,823	13,094	13,049	13,475	13,392	13,322	13,345	13,597	12,873	13,235	159,148

* As Paris was before the annexation of the suburbs.

† Comprising the old suburbs of Paris. These houses are generally near the barracks, and mostly frequented by soldiers.

Monthly Table, showing the Number of Diseased Women detected by the examination of the Surgeons of the Sanitary Dispensary.

1864.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Part I.													
Total number of registered women on the 1st of every month	3,365	3,356	3,362	3,351	3,348	3,347	3,361	3,359	3,340	3,343	3,359	3,361	
Divided into—													
Women in tolerated houses of Paris*	890	890	890	890	890	890	879	879	879	879	879	879	10,614
Affected with syphilis	5	11	10	8	9	14	8	12	6	5	10	7	105
Mean proportion	1 in 178	1 in 80	1 in 89	1 in 111	1 in 99	1 in 63	1 in 109	1 in 73	1 in 146	1 in 176	1 in 88	1 in 125	1 in 101
Women in tolerated houses of the suburbs†	514	514	514	514	514	514	506	506	506	506	506	506	6,120
Affected with syphilis	18	15	17	14	18	22	14	12	13	16	12	13	184
Mean proportion	1 in 28	1 in 34	1 in 30	1 in 37	1 in 28	1 in 23	1 in 36	1 in 42	1 in 39	1 in 31	1 in 42	1 in 39	1 in 33
Registered women	1,961	1,952	1,958	1,947	1,944	1,943	1,976	1,974	1,955	1,958	1,974	1,993	23,635
Affected with syphilis	5	6	9	10	11	16	11	14	10	13	5	10	120
Mean proportion	1 in 392	1 in 325	1 in 217	1 in 195	1 in 176	1 in 121	1 in 178	1 in 141	1 in 195	1 in 150	1 in 395	1 in 199	1 in 196
uffering from scabies, &c.	23	23	20	16	24	23	28	10	21	13	21	13	235
Part II.													
Non-registered women (clandestine)	191	139	146	154	162	133	191	188	199	166	170	95	1,934
Affected with syphilis	27	21	17	23	18	15	21	19	31	20	23	16	251
Mean proportion	1 in 7	1 in 6	1 in 8	1 in 7	1 in 9	1 in 9	1 in 9	1 in 10	1 in 5	1 in 8	1 in 7	1 in 6	1 in 7¾
Suffering from scabies, &c.	13	8	9	14	16	9	11	13	3	8	6	10	120
Number of examinations made every month	11,515	10,926	11,009	10,980	10,616	9,877	12,217	10,825	10,723	10,355	10,243	10,349	129,635

* As Paris was before the annexation of the suburbs.

† Comprising the old suburbs of Paris. These houses are generally near the barracks, and mostly frequented by soldiers.

Remarks.

By extracting from the foregoing tables the figures which represent the proportion of syphilitic diseases in the three classes of registered public women, and comparing them with the proportion of the same diseases among the clandestine women, we ascertain the extent of the benefits obtained from the sanitary surveillance of prostitution.

In 1864 the proportion of syphilitic diseases among the women of the tolerated houses of Paris was 1 in 101; among those of the tolerated houses of the suburbs (soldiers' women), it was 1 in 33; and among the registered women 1 in 196; whereas among the clandestine women who escape all sanitary supervision, we have a proportion of 1 in 7½. In the year 1857 it was 1 in 3½, and in 1858 it was 1 in 4.

TABLE showing the proportion of syphilis among the public women:—

	In Tolerated Houses of Paris.	In Tolerated Houses of the Suburbs.	Registered Women.	Clandestine Women.
1857	1 in 28	1 in 16½	1 in 145	1 in 3½
1858	1 in 40½	1 in 21	1 in 128½	1 in 4
1864	1 in 101	1 in 33	1 in 196	1 in 7½

The results obtained by the sanitary visitations imposed upon public women are sufficiently positive to justify the conclusion that, in order to effect a diminution in the ravages of syphilis, the first and most indispensable condition is to look to the health of those by whom there is the greatest danger of its propagation, and those persons evidently are the prostitutes.

The Sub-Committee cannot close this Report without expressing their warmest acknowledgment of the assistance and courtesy which they received from the police authorities of Paris, more especially may they refer to valuable information afforded them by M. Lecours, Commissaire-Interrogateur du Bureau des Mœurs, who devoted much time and labour to a full explanation of the subject of their enquiry. They wish also to acknowledge the effective co-operation of M. Metatal and other Officers of the Bureau des Mœurs.

COPY

OF THE

CONTAGIOUS DISEASES ACT, 1866,

Referred to at page iii of this Report.

ANNO VICESIMO NONO

VICTORIÆ REGINÆ.

CAP. XXXV.

An Act for the better Prevention of Contagious Diseases at certain Naval and Military Stations.—11th June, 1866.

BE it enacted by the Queen's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, as follows:—

Preliminary.

1. This Act may be cited as the "Contagious Diseases Act, 1866." Short title.

2. In this Act— Interpretation of terms.

The term "Contagious Disease" means Venereal Disease, including Gonorrhœa:

The term "Police" means metropolitan police, or other police or constabulary authorized to act in any part of any place to which this Act applies:

The term "Superintendent" includes Inspector:

The term "Chief Medical Officer" means the principal physician or surgeon for the time being attached to or doing duty at a hospital, or the house surgeon or resident surgeon of the hospital:

The term "Justice" means a justice of the peace having jurisdiction in the county, borough, or place where the matter requiring the cognizance of a justice arises, or in any part of any place to which this Act applies:

The term "Two Justices" means two or more justices assembled and acting together, and includes any police or stipendiary magistrate or other justice having by law for any purpose the powers of two justices.

3. This Act shall commence from and immediately after the thirtieth day of September, one thousand eight hundred and sixty-six, and on the commencement of this Act the "Contagious Diseases Prevention Act, 1864," shall cease to operate; but the discontinuance of that Act by this Act shall not affect the validity or invalidity of anything done or suffered before the commencement of this Act; and that discontinuance or anything in this Act shall not apply to or in respect of any offence, act, or thing committed or done or omitted before the commencement of this Act; and every such offence, act, or thing shall, after and notwithstanding the commencement of this Act, have the Act to commence from Sept. 30, 1866, and then 27 & 28 Vict., c. 85, to cease to operate, except, &c.

same consequences and effect in all respects as if the "Contagious Diseases Prevention Act, 1864," had not been discontinued.

Every order of a justice under the said Act shall remain in force as if this Act had not been passed.

Every hospital certified under the said Act shall continue to be a certified hospital, for the purposes of this Act, for three months after the commencement of this Act, unless before the expiration of that time the certificate is withdrawn or the hospital is certified under this Act; and every hospital certified under this Act shall be deemed a certified hospital for the purposes of the said Act, as long as the operation thereof continues for any purpose under this Act.

Extent of Act.

Act to extend only to places in schedule.

4. The places to which this Act applies shall be the places mentioned in the first schedule to this Act, the limits of which places shall for the purposes of this Act be such as are defined in that schedule.

Expenses of Execution of Act.

Expenses of Act to be defrayed by Admiralty, &c.

5. Expenses incurred in the execution of this Act shall be paid under the direction of the Lord High Admiral of the United Kingdom or the Commissioners for Executing the Office of Lord High Admiral (hereafter in this Act styled the Admiralty) and of such one of Her Majesty's Principal Secretaries of State as Her Majesty thinks fit for the time being to intrust with the seals of the War Department (hereafter in this Act styled the Secretary of State for War) out of money to be provided by Parliament for that purpose.

Visiting Surgeons.

Appointment of visiting surgeons and assistants.

6. The Admiralty or the Secretary of State for War may, on the commencement of this Act, appoint a medical officer for each of the places to which this Act applies, to be, during pleasure, visiting surgeon there for the purposes of this Act, and may from time to time, on the death, resignation, or removal from office of any visiting surgeon, appoint another such officer in his stead.

The Admiralty or the Secretary of State for War may, from time to time as occasion requires, appoint a medical officer to be the assistant of any such visiting surgeon; and every such assistant shall have the like powers and duties as the visiting surgeon to whom he is appointed assistant.

A notice of the appointment of every such visiting surgeon and of every such assistant shall be published in the "London" or "Dublin Gazette," according as the place for which he is appointed is in *England* or in *Ireland*.

A copy of the Gazette containing such a notice shall be conclusive evidence of the appointment.

Inspector of Hospitals.

Appointment of Inspector and Assistant Inspector of Certified Hospitals.

7. The Admiralty and the Secretary of State for War shall, on the commencement of this Act, appoint a medical officer to be, during pleasure, Inspector of Certified Hospitals under this Act, and shall from time to time, on the death, resignation, or removal from office of any such inspector, appoint another such officer in his stead.

The Admiralty and the Secretary of State for War may, from time to time, as occasion requires, appoint a medical officer to be an assistant Inspector of Certified Hospitals under this Act, which assistant shall have the like powers and duties as the inspector.

A notice of the appointment of every such inspector and of every such assistant shall be published in the "London Gazette."

A copy of the "Gazette" containing such a notice shall be conclusive evidence of the appointment.

Certified Hospitals.

Power to Admiralty, &c., to provide Hospitals, and certify them.

8. The Admiralty or the Secretary of State for War may, from time to time, provide any buildings or parts of buildings as hospitals for the purposes of this Act, and any building or part of a building so provided and certified in writing by the Admiralty or Secretary of State for War (as the case may be) to be so provided shall be deemed a certified hospital under this Act; and every certified hospital so provided shall be placed under the control or management of such persons as to the Admiralty or the Secretary of State for War from time to time seem fit.

Power to certify other hospitals.

9. The Admiralty or the Secretary of State for War may, from time to time, on such application or with such consent as to them or him seems requisite, and on the report of the inspector of certified hospitals, certify in writing any building or part of a building (not provided as a hospital by the Admiralty or Secretary of State for War) to be useful and efficient as a hospital for the purposes of this Act, and thereupon that building or part of a building shall be deemed a certified hospital under this Act.

Inspection of certified hospitals.

10. The inspector of certified hospitals shall, from time to time, visit and inspect every certified hospital.

Power to withdraw certificate.

11. The Admiralty or the Secretary of State for War may, at any time, by declaration in writing, declare the certificate relative to any certified hospital withdrawn as from a time specified in the declaration, and thereupon the same shall cease to be a certified hospital as from the time so specified.

Provision for moral and religious instruction.

12. A hospital shall not be certified under this Act unless at the time of the granting of a certificate adequate provision is made for the moral and religious instruction of the women detained therein under this Act; and if at any subsequent time it appears to the Admiralty or the Secretary of State for War that in any such hospital adequate provision for that purpose is not made, the certificate of that hospital shall be withdrawn.

Certificate and declaration of withdrawal to be gazetted.

13. Every certificate and every declaration of withdrawal of a certificate relative to any hospital under this Act shall be published in the "London" or "Dublin Gazette," according as the hospital to which the certificate or declaration relates is in *England* or in *Ireland*.

A copy of the Gazette containing any such certificate or declaration shall be conclusive evidence of such certificate or declaration.

Every certificate proved to have been made shall be presumed to be in force until the withdrawal thereof is proved.

Power to make regulations for certified hospitals.

14. The managers or persons having the control or management of each certified hospital shall make regulations for the management and government of the hospital, as far as regards women authorised by this Act to be detained therein for medical treatment, or being therein under medical treatment for a contagious disease, such regulations not

being inconsistent with the provisions of this Act, and may from time to time alter any such regulations; but all such regulations and all alterations thereof, shall be subject to the approval in writing of the Admiralty, or the Secretary of State for War.

A printed copy of regulations to be evidence.

A printed copy of regulations purporting to be regulations of a certified hospital so approved, such copy being signed by the inspector of certified hospitals, or the chief medical officer of the hospital, shall be evidence of the regulations of the hospital, and of the due making and approval thereof, for the purposes of this Act.

Periodical Medical Examinations.

On information, justice may issue notice to woman who is a common prostitute.

15. Where an information on oath is laid before a justice by a superintendent of police, charging to the effect that the informant has good cause to believe that a woman therein named is a common prostitute, and either is resident within the limits of any place to which this Act applies, or, being resident within five miles of those limits, has, within fourteen days before the laying of the information, been within those limits for the purpose of prostitution, the justice may, if he thinks fit, issue a notice thereof addressed to such woman, which notice the superintendent of police shall cause to be served on her:

Provided that nothing in this Act contained shall apply or extend, in the case of Woolwich, to any woman who is not resident within one of the parishes of Woolwich, Plumstead, or Charlton.

Power to justice to order periodical medical examination.

16. In either of the following cases, namely,—

If the woman on whom such a notice is served appears herself, or by some person on her behalf, at the time and place appointed in the notice, or at some other time and place appointed by adjournment;—

If she does not so appear, and it is shown (on oath) to the justice present that the notice was served on her a reasonable time before the time appointed for her appearance, or that reasonable notice of such adjournment was given to her (as the case may be),—

The justice present, on oath being made before him substantiating the matter of the information to his satisfaction, may, if he thinks fit, order that the woman be subject to a periodical medical examination by the visiting surgeon for any period not exceeding one year, for the purpose of ascertaining at the time of each such examination whether she is affected with a contagious disease; and thereupon she shall be subject to such a periodical medical examination, and the order shall be a sufficient warrant for the visiting surgeon to conduct such examination accordingly.

The order shall specify the time and place at which the woman shall attend for the first examination.

The superintendent of police shall cause a copy of the order to be served on the woman.

Voluntary submission by woman.

17. Any woman, in any place to which this Act applies, may voluntarily, by a submission in writing signed by her in the presence of and attested by the superintendent of police, subject herself to a periodical medical examination under this Act for any period not exceeding one year.

Power to make regulations as to examinations.

18. For each of the places to which this Act applies, either the Admiralty or the Secretary of State for War (but not both for any one place) may from time to time make regulations respecting the times and places of medical examinations under this Act at that place, and generally respecting the arrangements for the conduct there of those examinations; and a copy of all such regulations from time to time in

force for each place shall be sent by the Admiralty or the Secretary of State for War (as the case may be) to the clerk of the peace, town clerk (if any), clerk of the justices, visiting surgeon, and superintendent of police.

Visiting surgeon to prescribe times, &c.

19. The visiting surgeon, having regard to the regulations aforesaid and to the circumstances of each case, shall at the first examination of each woman examined by him, and afterwards from time to time as occasion requires, prescribe the times and places at which she is required to attend again for examination; and he shall from time to time give or cause to be given to each such woman notice in writing of the times and places so prescribed.

Detention in Hospital

Certificate of visiting surgeon.

20. If on any such examination the woman examined is found to be affected with a contagious disease, she shall thereupon be liable to be detained in a certified hospital, subject and according to the provisions of this Act, and the visiting surgeon shall sign a certificate to the effect that she is affected with a contagious disease, naming the certified hospital in which she is to be placed; and he shall sign that certificate in triplicate, and shall cause one of the originals to be delivered to the woman and the others to the superintendent of police.

Placing in certified hospital for treatment.

21. Any woman to whom any such certificate of the visiting surgeon relates may, if she thinks fit, proceed to the certified hospital named in that certificate, and place herself there for medical treatment, but if after the certificate is delivered to her she neglects or refuses to do so, the superintendent of police or a constable acting under his orders, shall apprehend her, and convey her with all practicable speed to that hospital, and place her there for medical treatment, and the certificate of the visiting surgeon shall be a sufficient authority to him for so doing.

The reception of a woman in a certified hospital by the managers, or persons having the control or management thereof, shall be deemed to be an undertaking by them to provide for her care and treatment, lodging, clothing, and food, during her detention in the hospital.

Detention in hospital.

22. Where a woman certified by the visiting surgeon to be affected with a contagious disease, places herself, or is placed as aforesaid, in a certified hospital for medical treatment, she shall be detained there for that purpose by the chief medical officer of the hospital until discharged by him by writing under his hand.

The certificate of the visiting surgeon, one of the three originals whereof shall be delivered by the superintendent of police to the chief medical officer, shall, when so delivered, be sufficient authority for such detention.

Power to transfer to another certified hospital.

23. The inspector of certified hospitals may, if in any case it seems to him expedient, by order in writing signed by him, direct the transfer of any woman detained in a certified hospital for medical treatment from that certified hospital to another named in the order.

Every such order shall be made in triplicate, and one of the originals shall be delivered to the woman, and the others to the superintendent of police.

Every such order shall be sufficient authority for the superintendent of police, or any person acting under his orders, to transfer the woman to whom it relates from the one hospital to the other, and to place her there for medical treatment; and she shall be detained there for that purpose by the chief medical officer of the hospital until discharged by him by writing under his hand.

The order of the inspector of certified hospitals, one of the originals whereof shall be delivered by the superintendent of police to the chief medical officer of the hospital to which the transfer is made, shall, when so delivered, be sufficient authority for such detention.

Limitation of detention.

24. Provided always, that any woman shall not be detained under any one certificate for a longer time than three months, unless the chief medical officer of the hospital in which she is detained, and the inspector of certified hospitals, or the visiting surgeon for the place whence she came, or was brought, conjointly certify that her further detention for medical treatment is requisite (which certificate shall be in duplicate, and one of the originals thereof shall be delivered to the woman); and in that case she may be further detained in the hospital in which she is, at the expiration of the said period of three months, by the chief medical officer, until discharged by him by writing under his hand; but so that any woman be not detained under any one certificate for a longer time in the whole than six months.

Power for woman detained to apply to justice for discharge.

25. If any woman detained in any hospital considers herself entitled to be discharged therefrom, and the chief medical officer of the hospital refuses to discharge her, such woman shall, on her request, be conveyed before a justice, who, if he is satisfied upon reasonable evidence that she is free from a contagious disease, shall discharge her from such hospital, and such order of discharge shall have the same effect as the discharge of the chief medical officer.

During conveyance to certified hospital, &c., woman deemed to be in legal custody.

26. Every woman conveyed or transferred under this Act to a certified hospital shall, while being so conveyed or transferred thither, and also while detained there, be deemed to be legally in the custody of the person conveying, transferring, or detaining her, notwithstanding that she is for that purpose removed out of one into or through another jurisdiction, or is detained in a jurisdiction other than that in which the certificate of the visiting surgeon was made.

Expenses of woman's return home.

27. Every woman shall, on her discharge from the hospital, be sent to the place of her residence, if she so desires, without expense to herself.

Refusal to be Examined, &c.

Punishment of women for refusing to be examined, &c.

28. In the following cases, namely,—

If any woman subjected by order of a justice under this Act to periodical medical examination at any time peremptorily absents herself in order to avoid submitting herself to such examination on any occasion on which she ought so to submit herself, or refuses or wilfully neglects to submit herself to such examination on any such occasion;

If any woman authorized by this Act to be detained in a certified hospital for medical treatment quits the hospital without being discharged therefrom by the chief medical officer thereof by writing under his hand (the proof whereof shall lie on the accused);

If any woman authorized by this Act to be detained in a certified hospital for medical treatment, or any woman being in a certified hospital under medical treatment for a contagious disease, refuses or wilfully neglects while in the hospital to conform to the regulations thereof approved under this Act;

Then and in every such case such woman shall be guilty of an offence against this Act, and on summary conviction shall be liable to imprisonment, with or without hard labour, in the case of a first offence for any term not exceeding one month, and in the case of a second or

any subsequent offence for any term not exceeding three months; and in the case of the offence of quitting the hospital without being discharged as aforesaid the woman may be taken into custody without warrant by any constable.

Effect of order of imprisonment for absence, &c., from examination.

29. If any woman is convicted of and imprisoned for the offence of absenting herself, or of refusing or neglecting to submit herself to examination as aforesaid, the order subjecting her to periodical medical examination shall be in force after and notwithstanding her imprisonment, unless the surgeon or other medical officer of the prison, or a visiting surgeon appointed under this Act, at the time of her discharge from imprisonment, certifies in writing to the effect that she is then free from a contagious disease (the proof of which certificate shall lie on her), and in that case the order subjecting her to periodical medical examination shall, on her discharge from imprisonment, cease to operate.

Effect on order of imprisonment for quitting hospital, &c.

30. If any woman is convicted of and imprisoned for the offence of quitting a hospital without being discharged, or of refusing or neglecting while in a hospital to conform to the regulations thereof as aforesaid, the certificate of the visiting surgeon under which she was detained in the hospital shall continue in force, and on the expiration of her term of imprisonment she shall be sent back from the prison to that certified hospital, and shall (notwithstanding anything in this Act) be detained there under that certificate as if it were given on the day of the expiration of her term of imprisonment, unless the surgeon or other medical officer of the prison, or a visiting surgeon appointed under this Act, at the time of her discharge from imprisonment, certifies in writing to the effect that she is then free from a contagious disease (the proof of which certificate shall lie on her), and in that case the certificate under which she was detained, and the order subjecting her to periodical medical examination, shall, on her discharge from imprisonment, cease to operate.

Penalty on woman discharged uncured conducting herself as prostitute.

31. If on any woman leaving a certified hospital a notice in writing is given to her by the chief medical officer of the hospital to the effect that she is still affected with a contagious disease, and she is afterwards in any place for the purpose of prostitution without having previously received from a visiting surgeon appointed under this Act a certificate in writing endorsed on the notice or on a copy thereof certified by the chief medical officer of the hospital (proof of which certificate shall lie on her) to the effect that she is then free from a contagious disease, she shall be guilty of an offence against this Act, and on summary conviction before two justices shall be liable to be imprisoned, with or without hard labour, in the case of a first offence, for any term not exceeding one month, and in the case of a second or any subsequent offence for any term not exceeding three months.

Duration of Order.

Order to operate whenever woman is resident in any place where order made, &c.

32. Every order under this Act subjecting a woman to periodical medical examination shall be in operation and enforceable, in manner in this Act provided, as long as and whenever from time to time the woman to whom it relates is resident within the limits of the place to which this Act applies wherein the order was made, or within five miles of those limits, but not in any case for a longer period than one year; and where the chief medical officer of a certified hospital, on the discharge by him of any woman from the hospital, certifies that she is free from a contagious disease (proof of which certificate shall lie on her), the order subjecting her to periodical medical examination shall thereupon cease to operate.

Relief from Examination.

Application for relief from examination.

33. If any woman subjected to a periodical Medical Examination under this Act (either on her own submission or under the order of a justice), desiring to be relieved therefrom, and not being under detention in a certified hospital, makes application in writing in that behalf to a justice, the justice shall appoint by notice in writing a time and place for the hearing of the application, and shall cause the notice to be delivered to the applicant, and a copy of the application and of the notice to be delivered to the superintendent of police.

Order for relief from examination on discontinuance of prostitution, &c.

34. If on the hearing of the application it is shown, to the satisfaction of a justice, that the applicant has ceased to be a common prostitute, or if the applicant, with the approval of the justice, enters into a recognizance, with or without sureties, as to the justice seems meet, for her good behaviour during three months thereafter, the justice shall order that she be relieved from periodical medical examination.

Forfeiture of recognizance by return to prostitution.

35. Every such recognizance shall be deemed to be forfeited if at any time during the term for which it is entered into the woman to whom it relates is (within the limits of any place to which this Act applies) in any public thoroughfare, street, or place for the purpose of prostitution, or otherwise (within those limits) conducts herself as a common prostitute.

Penalties for harbouring, &c.

Penalties for permitting prostitute having contagious disease to resort to any house, &c., for prostitution.

36. If any person, being the owner or occupier of any house, room, or place within the limits of any place to which this Act applies, or being a manager or assistant in the management thereof, having reasonable cause to believe any woman to be a common prostitute and to be affected with a contagious disease, induces or suffers her to resort to or be in that house, room, or place for the purpose of prostitution, he shall be guilty of an offence against this Act, and on summary conviction thereof before two justices shall be liable to a penalty not exceeding twenty pounds, or, at the discretion of the justices, to be imprisoned for any term not exceeding six months, with or without hard labour:

Provided that a conviction under this enactment shall not exempt the offender from any penal or other consequences to which he may be liable for keeping or being concerned in keeping a bawdy house or disorderly house, or for the nuisance thereby occasioned.

Procedure, &c.

Application of 11 & 12 Vict., c. 43, and 14 & 15 Vict., c. 93, to this Act.

37. All proceedings under this Act before and by justices shall be had in *England* according to the provisions of the Act of the session of the eleventh and twelfth years of Her Majesty (chapter forty-three), "to facilitate the performance of the duties of Justices of the Peace "out of sessions within *England* and *Wales* with respect to summary "convictions and orders," and in *Ireland* according to the provisions of The Petty Sessions (*Ireland*) Act, 1851, as far as those provisions respectively are not inconsistent with any provision of this Act, and save that the room or place in which a justice sits to inquire into the truth of the statements contained in any information or application under this Act against or by a woman shall not, unless the woman so desires, be deemed an open court for that purpose; and, unless the woman otherwise desires, the justice may, in his discretion, order

that no person have access to or be or remain in that room without his consent or permission.

Forms in second schedule to be used.

38. The forms of certificates, orders, and other instruments given in the second schedule to this Act, or forms to the like effect, with such variations and additions as circumstances require, may be used for the purposes therein indicated and according to the directions therein contained, and instruments in those forms shall (as regards the form thereof) be valid and sufficient.

Instruments may be in print, &c.

39. Any certificate, order, notice, or other instrument made or issued for the purposes of this Act may be partly in print and partly in writing.

Presumption as to signatures of justices, &c.

40. In any proceeding under this Act any notice, order, certificate, copy of regulations, or other instrument purporting to be signed by a justice, superintendent of police, visiting surgeon, assistant visiting surgeon, surgeon or other medical officer of a prison, chief medical officer of a certified hospital, or the inspector or an assistant inspector of certified hospitals, or by any person in Her Majesty's service or in that of the Admiralty, shall on production be received in evidence, and shall be presumed to have been duly signed by the person, and in the character by whom and in which it purports to be signed, until the contrary is shown.

Mode of service.

41. Every notice, order, or other instrument by this Act required to be served on a woman shall be served by delivery thereof to some person for her at her usual place of abode, or by delivery thereof to her personally.

Limitation of actions, &c.

42. Any action or prosecution against any person for anything done in pursuance or execution or intended execution of this Act shall be laid and tried in the county where the thing was done, and shall be commenced within three months after the thing done, and not otherwise.

Notice in writing of every such action and of the cause thereof shall be given to the intended defendant one month at least before the commencement of the action.

In any such action the defendant may plead generally that the Act complained of was done in pursuance or execution or intended execution of this Act, and give this Act and the special matter in evidence at any trial to be had thereupon.

The plaintiff shall not recover if tender of sufficient amends is made before action brought, or if a sufficient sum of money is paid into court after action brought, by or on behalf of the defendant.

If a verdict passes for the defendant, or the plaintiff becomes non-suit, or discontinues the action after issue joined, or if, on demurrer or otherwise, judgment is given against the plaintiff, the defendant shall recover his full costs as between attorney and client, and shall have the like remedy for the same as any defendant has by law for costs in other cases.

Though a verdict is given for the plaintiff he shall not have costs against the defendant unless the judge before whom the trial is had certifies his approbation of the action.

SCHEDULES.

THE FIRST SCHEDULE.

Names of Places.	Limits of Places.
Portsmouth	The limits of the municipal borough of Portsmouth, and of the residue of the island of Portsea, and of the parish of Alverstoke, and of the township of Landport.
Plymouth and Devonport....	The limits of the following places; namely,— The municipal borough of Plymouth. The parliamentary borough of Devonport. The parish of Laira. The tithing of Pennycross or Western Peveril. The tithing of Compton Gifford. Torpoint in the county of Cornwall, within the distance of half a mile from the Ferry Gate.
Woolwich	The limits of the parishes of Woolwich, Plumstead, and Charlton.
Chatham	The limits of the following parishes; namely,— Chatham, Gillingham. St. Nicholas, Rochester. St. Margaret, Rochester. The Precincts, Rochester. Brompton. New Brompton. Strood, and Frindsbury, and of the hamlet of Grange, otherwise Grench.
Sheerness	The limits of the parish of Minster, and of the township of Queenborough.
Aldershot	The limits of the following parishes; namely,— Purbright, Ash, Compton, Pepper Harrow, Frimley, Puttenham, Seal, and Tongham, Elstead, Farnham, Bisley, in the county of Surrey.

Names of Places.	Limits of Places.
	Aldershot, Yateley, Crondall, Dogmersfield, Winchfield, Hartley Wintney, Cove, Eversley, Farnborough, Binstead, Bentley, in the county of Hants. Sandhurst, in the county of Berks.
Windsor	The limits of the following parishes; namely,— New Windsor, Old Windsor, Clewer, in the county of Berks. Eton, in the county of Bucks.
Colchester	The limits of the following parishes or ecclesiastical districts; namely,— All Saints. St. Botolph. St. Giles. St. James. St. John. St. Leonard. St. Martin. St. Mary at the Walls. St. Mary Magdalene. St. Nicholas. St. Peter. St. Runwald. The Holy Trinity.
Shorncliffe	The limits of the following parishes; namely,— Cheriton. Hythe. Folkestone.
The Curragh	The limits of the following parishes; namely,— Kilcullen. Kildare. Ballysax. Great Conwell. Morristown-beller.
Cork	The limits of the borough of Cork for municipal purposes.
Queenstown	The limits of the town of Queenstown for the purposes of town improvement.

THE SECOND SCHEDULE.

FORMS.

(A.)

Gazette Notice of Appointments.

London 18 .

The Lords Commissioners of the Admiralty have [*or* the Secretary of State for War has] appointed *R.S.* to be visiting surgeon [*or* assistant visiting surgeon] for [*Portsmouth, or* the Lords Commissioners of the Admiralty and the Secretary of State for War have appointed *P.T.* to be inspector (*or* assistant inspector) of certified hospitals] under the Contagious Diseases Act, 1866.

(B.)

Certificate for Hospital provided by Admiralty, &c.

THE CONTAGIOUS DISEASES ACT, 1866.

In pursuance of the above-mentioned Act, it is hereby certified by the Commissioners for Executing the Office of Lord High Admiral of the United Kingdom [*or* by Her Majesty's Principal Secretary of State intrusted with the seals of the War Department], that the following building [*or* part of a building], namely, [*here describe generally the building or part of building,*] has been provided by the said Lords Commissioners [*or* Secretary of State] as a hospital for the purposes of the said Act.

Dated this day of 18 .

By order of the Lords Commissioners of the Admiralty.

(Signed) *C.P.*,
Secretary of the Admiralty.

[*Or*

By order of the Secretary of State for War.

(Signed) *E.L.*,
Under-Secretary of State.]

(C.)

Certificate for Hospital not provided by Admiralty, &c.

THE CONTAGIOUS DISEASES ACT, 1866.

In pursuance of the above-mentioned Act, it is hereby certified by the Commissioners for Executing the Office of Lord High Admiral of the United Kingdom [*or* by Her Majesty's Principal Secretary of State intrusted with the seals of the War Department], that the following building [*or* part of a building], namely, [the lock wards of the Portsmouth, Portsea, and Gosport Hospital, *or as the case may be,*] is useful and efficient as a hospital for the purposes of the said Act.

Dated this day of 18 .

By order of the Lords Commissioners of the Admiralty.

(Signed) *C.P.*,
Secretary of the Admiralty.

[*Or*

By order of the Secretary of State for War.

(Signed) *E.L.*,
Under-Secretary of State.]

(D.)

Declaration of withdrawal of Certificate.

THE CONTAGIOUS DISEASES ACT, 1866.

In pursuance of the above-mentioned Act, it is hereby declared by the Commissioners for Executing the Office of Lord High Admiral of the United Kingdom [*or* by Her Majesty's Principal Secretary of State intrusted with the seals of the War Department], that the certificate under the said Act dated the day of , constituting the hospital [*or as the case may be*] a certified hospital under the said Act, has been and the same is hereby withdrawn as from the day of 18 .

Dated this day of 18 .

By order of the Lords Commissioners of the Admiralty.

(Signed) *C.P.*,
Secretary of the Admiralty.

[*Or*

By order of the Secretary of State for War.

(Signed) *E.L.*,
Under-Secretary of State.]

(E.)

Information.

The information of *C.D.* of , Superintendent to wit. of Police for [*or as the case may be*], under the Contagious Diseases Act, 1866, taken this day of 186 , before the undersigned, one of Her Majesty's Justices of the Peace in and for the said [*county*] of , who says he has good cause to believe that *A.B.* is a common prostitute, and is resident within the limits of a place to which the said Act applies, that is to say, at in the [*county*] of [*or* is a common prostitute, and being resident within five miles of a place to which the said Act applies, that is to say, at in the county of , was within fourteen days before the laying of this information, that is to say, on the day of , within those limits, that is to say, at in the county of , for the purpose of prostitution].

Taken and sworn before me the day and year first above mentioned.

(Signed) *L.M.*

(F.)

Notice for Attendance of Woman.

To *A.B.* of

Take notice, that an information, a copy whereof is subjoined hereto, has been laid before me, and that, in accordance with the provisions of the Act therein mentioned, the truth of the statements therein contained will be inquired into before me, or some other justice, at , on the day of , at o'clock in the noon.

You are therefore to appear before me or such other justice at that place and time, and to answer to what is stated in the said information.

You may appear yourself, or by any person on your behalf.

If you do not appear, you may be ordered, without further notice, to be subject to a periodical medical examination by the visiting surgeon under the said Act.

If you prefer it, you may, by a submission in writing signed by you in the

presence of the superintendent of police [*or as the case may be*], and attested by him, subject yourself to such a periodical examination.

If you do so before the time above appointed for your appearance it will not be necessary for you to appear then before a justice.

Dated this day of

(Signed) *L.M.*
Justice of the Peace for

[*Subjoin copy of Information.*]

(G.)

Order subjecting Woman to Examination.

to wit. } Be it remembered, that on the day of , in pursuance of the Contagious Diseases Act, 1866, I, one of Her Majesty's Justices of the Peace in and for the said [*county*] of do order that *A.B.*, of , be subject to a periodical medical examination by the visiting surgeon for [*Portsmouth, or as the case may be*] for calendar months from this day, for the purpose of ascertaining at the time of each such examination whether she is affected with a contagious disease within the meaning of the said Act, and that she do attend for the first examination at on the day of at o'clock in the noon.

(Signed) *L.M.*

(H.)

Voluntary Submission to Examination.

THE CONTAGIOUS DISEASES ACT, 1866.

I *A.B.*, of , in pursuance of the above-mentioned Act, by this submission, voluntarily subject myself to a periodical medical examination by the visiting surgeon for [*Portsmouth, or as the case may be*] for calendar months from the date hereof.

Dated this day of , 18 .

(Signed) *A.B.*

Witness,
X.Y.,
Superintendent of Police for [*or as the case may be*].

(J.)

Notice by Visiting Surgeon to Woman of Times, &c., of Examination.

To *A.B.* of

Take notice, that in pursuance of the Contagious Diseases Act, 1866, you are required to attend for medical examination as follows;

[*Here state times and places of examination.*]

Dated this day of , 18 .

(Signed) *E.F.*,
Visiting Surgeon for [*Portsmouth*].

(K.)

Certificate of Visiting Surgeon.

In pursuance of the Contagious Diseases Act, 1866, I hereby certify that I have this day examined *A.B.* of , and that she is affected with a contagious disease within the meaning of that Act; and the certified hospital in which she is to be placed under the said Act is the Hospital.

Dated this day of 18 .

(Signed) *E.F.*,
Visiting Surgeon for [*Portsmouth*].

(L).

Order by Inspector of Certified Hospitals for Transfer.

By virtue of the power in this behalf vested in me by The Contagious Diseases Act, 1866, I hereby order that *A.B.* of , now detained under that Act in the certified hospital of for medical treatment, be transferred thence to the certified hospital of

Dated this day of 18 .

(Signed) *M.N.*,
Inspector of Certified Hospitals.

(M.)

Certificate for Detention beyond Three Months.

THE CONTAGIOUS DISEASES ACT, 1866.

We, the undersigned, hereby certify that the further detention for medical treatment of *A.B.* of , now an inmate of this hospital, is requisite.

Dated this day of 18 , at the hospital.

(Signed) *M.N.*,
Inspector of Certified Hospitals,
[*or as the case may be,*]
G.H.,
Chief Medical Officer.

(N.)

Discharge from Hospital.

In pursuance of The Contagious Diseases Act, 1866, I hereby discharge *A.B.* of from this hospital [*add according to the fact*, and certify that she is now free from a contagious disease].

Dated this day of 18 , at the hospital.

(Signed) *G.H.*,
Chief Medical Officer.

(O.)

Certificate on Discharge from Imprisonment.

THE CONTAGIOUS DISEASES ACT, 1866.

Whereas under the above-mentioned Act, *A.B.* of was on the day of convicted of the offence of and has since been imprisoned for that offence in the gaol of

and is now discharged from imprisonment therein: now in pursuance of the said Act I hereby certify that she is now free from a contagious disease.

Dated this day of

R.O.,
Surgeon of the Gaol of
[*or E.F.*,
Visiting Surgeon for *Portsmouth*].

(P.)

Notice to Woman Leaving Hospital.

THE CONTAGIOUS DISEASES ACT, 1866.

To *A.B.*

As you are now leaving this hospital, I hereby, in pursuance of the above-mentioned Act, give you notice that you are still affected with a contagious disease.

Dated this day of

(Signed) *G.H.*,
Chief Medical Officer.

Note.—The above-mentioned Act provides as follows:—

If on any woman leaving a certified hospital a notice [*set out section of Act*].

(Q.)

Certificate on last foregoing Notice or Copy.

In pursuance of the within-mentioned Act, I hereby certify that the within-named woman is now free from a contagious disease.

Dated this day of

(Signed) *E.F.*,
Visiting Surgeon for [*Portsmouth*].

(R.)

Application to be Relieved from Examination.

To *L.M.*, Esq., and others, Her Majesty's Justices of the Peace for the [*county*] of

I *A.B.* of , being in pursuance of The Contagious Diseases Act, 1866, subject to a periodical medical examination on my own submission [*or* under the order of *L.M.*, Esq., *as the case may be*], dated the day of , do hereby apply to be relieved therefrom.

Dated this day of 18 .

(Signed) *A.B.*

Witness, *G.W.*

Minutes of Evidence taken at the Admiralty before the Committee on Venereal Diseases in the Army and Navy.

Tuesday, December 6, 1864.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

David Macloughlin, Esq., M.D., Member of the Legion of Honour, examined.

Dr. Mac loughlin

6 Dec. 1864.

Chairman.—1. How long have you entertained your opinions on the subject of Venereal Disease?—Forty-eight years.

2. I presume that, considering the lengthened period during which your attention has been directed to the subject, you have witnessed the disease frequently in all its forms, both primary and secondary,—I mean what you term the "so-called" syphilis?—Yes, in France, where I was in practice for twenty-seven years, I made it a study in this way: whenever a gentleman or anyone else came to consult me, if he was willing to state where he had contracted this ulcer upon the genitals, I immediately sent a surgeon or the Inspector of Police to examine the woman, if she was upon the town, and to report. It was excessively seldom that I found a report brought to me that the woman was diseased; that she had anything the matter with her. The consequence was that I treated it as a common sore. During the whole time that I was there, namely, twenty-seven years, during which I followed the thing carefully, I had only one single individual (whose case is reported in my pamphlet) who was stated to be suffering from secondary symptoms. H. C. was a young man who had never had any connection until he came to Paris; he there had one connection; he went to another woman the next night. I saw him the day afterwards, and he showed me a sore upon his penis. I told him to take a warm bath, to wash and keep quiet, and that it would be well in a few days; he was well in three days. He went two or three days afterwards to dine out—he was an American—he got beastly drunk, was taken to his bed, and was very ill with vomiting, &c., during the night time. I was not

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sent for; two medical men were sent for, and they administered a bath. He was taken with nettle rash, &c.; he rubbed himself very much, and the next morning he was in blotches all over. In the whole twenty-seven years and more that I was there I saw ten cases per month; I must have had about 3,000 cases in the time, and in all that number there was only this individual whose case was reported to be a case of secondary symptoms. Dr. Biett was called in, the first medical man on cutaneous disease; he declared it to be a case of secondary symptoms; upon which I got hold of the two females. I went through the whole of the brothels in Paris, and I brought those two females forward; they were examined by five or six or more medical men, and they had no disease, and had never had disease. Therefore, this man's was not a secondary symptom. I mention that because that is one of the strongest cases which I had.

3. Am I to understand you to deny the entire existence of any and all sores obtained by sexual intercourse capable of producing secondary disease in the form of eruptions, or that you deny the particular form of disease characterized by induration, and described by Mr. Hunter?—First of all, I have Mr. John Hunter's book here, and with every respect which I have for him, I say that he erred; in the first instance, he did not know the disease.

4. I will repeat the question. Am I to understand you to deny the existence of all and any sores obtained from sexual intercourse capable of producing secondary disease in the form of eruptions, or that you deny the particular form of disease characterized by induration, and described by Mr. Hunter?—I must answer the question as I understand it. Mr. Hunter did not know the disease. I have his book before me. He went haphazard. He states here that syphilis is caused by virus, and that the same virus will cause gonorrhœa. Therefore, if he is in error here upon the basis, he is not worthy of arresting your attention if he does not know the disease itself, because none of us here will presume to assert that gonorrhœa and syphilis are caused by the same virus.

5. Will you be good enough to state whether you repudiate the existence of all sores which produce secondary symptoms, or whether you only repudiate those which are the produce of the hard chancre of Mr. Hunter?—First of all, is it a proof of the hard chancre of syphilis? Certainly not; because, fifty-three years ago, two medical men on the same question, perfectly healthy young men, applied caustic to themselves to demonstrate that a hard base would follow. You must be perfectly satisfied that disease upon the genitals is caused by no other thing than by venereal. If you go abroad you will find them, in the army, applying caustic to the genitals, as in my time they used to apply quick-lime to their eyes to destroy the sight.

6. I observe that you refer to herpetic disease of the prepuce as a source of error on the part of Mr. Hunter.—Exactly so.

7. Are you aware of any other simple diseases of this region (the glans penis) which are liable to be confounded with syphilis?—If you go to Paris (and it was so when I first went there in 1815), they call all ulcers on the genitals syphilitic. Dr. Biett said "that no medical man could point out an ulcer on the genitals to be syphilitic, but that they could point it out when it became a secondary symptom," and I took him at his word, and proved that he was wrong in this young man's case.

8. Then you answer that question in the affirmative, that there are other diseases; but in your publication you speak only of herpes præputialis?—This was written merely for the moment.

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9. If it could be proved to your conviction that a given form of primary sore on the genitals of the male was almost universally followed by definite constitutional symptoms in the form of eruptions ushered in by febrile symptoms, would it lead you to qualify the opinions which you entertain on the subject of syphilis?—Without more than common attention to secondary symptoms, I doubt very much whether I could be convinced fairly that a certain ulcer upon the genitals would be followed by a certain eruption. First of all, if you have not the symptoms by which you can state the syphilis, all the rest must go for nothing.

10. I will repeat the question. If it could be proved to your conviction that a given form of primary sore on the genitals of the male was almost universally followed by definite constitutional symptoms, in the form of eruptions ushered in by febrile symptoms, would it lead you to qualify your opinion?—Certainly. I am open to conviction if I could see any one who could convince me, but I have in France debated the question again and again with the medical men there.

11. I will read a few short paragraphs from your book, "*Proofs of the Non-Existence of a Specific Enthetic Disease*," 3rd Edition. At page 7 you state, "In conclusion, what I contend for is this, that the slightest wounds on the fingers and toes are cured in a few days by rest and ablution without any bad consequences occurring. That, in the act of sexual intercourse in the state of orgasm in which the genitals of the man and the woman are, the genitals of the man or those of the woman, or both, may be wounded; that these wounds can be cured by rest and ablution without any bad consequences following, any more than follow the cure of the simple wounds on the fingers or toes. But if the slightest wounds on the fingers or toes are neglected, buboes in the groins or in the axillæ take place, the constitution sympathises, and too often death follows. And if the slightest wounds in the genital organs of the man or woman are neglected, if rest and ablution are not attended to, buboes occur, the constitution sympathises, and death too often is the consequence; and this unhappy result occurs without requiring the aid of a specific syphilitic virus." That paper may be supposed to have been written some time since; do not you think that you have a little drawn upon your medical imagination in the severity of the thing, when you talk of the slightest wound leading to death, and is it the kind of statement which you would like to go abroad as yours? Have you frequently seen the slightest wounds of an ordinary character leading to death, or the slightest wounds in the genital organs of a syphilitic character leading to death?—I hold strongly to what I have written, because I am not aware that I have drawn upon my imagination; I am not conscious of having done so.

12. If I recognise a sore on the male organs following promiscuous intercourse at a given and regular period, although I may be prepared to admit the possibility of its very occasional occurrence spontaneously (I mean without sexual intercourse), do you consider that I am not warranted in regarding it as a venereal sore?—Certainly not; you must have sexual knowledge.

13. You mean to say that it admits of no possible exception?—I am not aware of any. There are two ways of ascertaining whether there is syphilitic disease or not, which are these, one the symptoms, and the other treating all sores on the genitals as if they were entirely common sores, as in fact I have done for forty-eight years, and watching the effect. The surgeons of the army and navy are the proper persons to carry it out.

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14. Do you consider that your opinions on the non-existence of syphilis obtain confirmation upon the facts stated at pages 20 and 21 of your pamphlet, relative to the large proportion of diseased men to healthy women at Valenciennes, as given by Dr. Evans?—Entirely.

15. You think that they corroborate and confirm your views?—Yes, I was there, and I can vouch for what Dr. Evans has stated; it is forty-nine years ago; it confirms what I have myself had in my own private practice.

16. If it could be proved to your conviction that a given sore on the male organ following a promiscuous intercourse, accompanied by thickening or hardness, was followed almost invariably by eruption on the skin, and febrile symptoms ushering in that eruption, whether treated by mercury or not, would it influence your opinion as to the non-existence of syphilis?—I should remain of the opinion that I now entertain, that there is no such thing as syphilis.

17. I will repeat the question. If it could be proved to your conviction that a given sore on the male organ, following a promiscuous intercourse, accompanied by a thickening or hardness, was followed almost invariably by eruption on the skin and febrile symptoms, whether treated by mercury or not, or whether there was no treatment, or any treatment, would it influence your opinion as to the non-existence of syphilis?—When I have seen such a thing I will form an opinion; but I speak of my knowledge now of the fact that I have never seen such a case.

18. If I could show you such a condition of things, would it not influence your judgment?—If I am to judge for myself, I must speak for myself. I am fully aware that at this moment in this country secondary symptoms are looked upon as existing; from my own practice and observation I am not aware of it.

19. I venture to call your attention to a description which you have quoted as apposite, at page 45 of your book, namely, a comparison between the hard chancre described by Mr. Hunter and the herpetic sore which is described by Dr. Bateman. "Mr. John Hunter tells us that the pathognomonic symptoms of a chancre are: that it begins by an itching on the part, that a small pimple full of matter appears, which breaks and forms an ulcer, thickening of the parts comes on, which is of the true venereal kind, is very circumscribed, terminating rather abruptly; the ulcer has the edges a little prominent, and its base is hard, which hardness is a proof of the existence of a syphilitic virus." Dr. Bateman says—"The attention of the patient is attracted by extreme itching with some heat, and on examining the prepuce he finds one, or sometimes two red patches, about the size of a silver penny, upon which are clustered five or six minute transparent vesicles, which, from their extreme tenuity, appear of the same red hue as the base on which they stand. In the course of twenty-four or thirty hours the vesicles enlarge and become of a milky hue, having lost their transparency, and on the third day they are coherent and assume an almost pustular appearance. They commonly break out about the fourth or fifth day, and form a small ulceration on each patch. These have a white base with a high elevation of the edges, and by an inaccurate or inexperienced observer it may be readily mistaken for chancre, more especially if an escharotic has been applied to it, which produces such irritation, as well as deep seated hardness beneath the sore, such as is felt in true chancre. This eruption is particularly worthy of attention, because it occurs in a situation where it is liable to occasion a practical mistake of

serious consequence to the patient." I ask you whether you see any analogy between those two diseases?—Very great. *Dr. Mac-loughlin.* 6 Dec. 1864

20. You state "I leave every one acquainted with medical science to form their own opinion in what Mr. John Hunter's description of the pathognomonic symptoms of a chancre differs from Dr. Bateman's description of herpes præputialis, and what grounds Mr. John Hunter has to say that the hardness at the base of an ulcer on the prepuce is pathognomonic of the existence of a syphilitic virus." You see an identity?—Entirely.

21. I want to know whether you see no broad distinction of a very positive character between the two?—Certainly not. Mr. Hunter did not know herpes præputialis; if Mr. Hunter had known the disease he would have mentioned it. Mr. Hunter has taken herpes præputialis for syphilis. I have been in warm climates and I have had herpes very frequently; if I took Burgundy wine I was sure to have herpes, and the hardness which is there stated has remained upon myself for weeks after the ulcer has been healed.

22. Here is another sentence—"Every one who has seen an herpetic eruption on the prepuce is aware that the ulcer which takes place has a hard base, that every solution of continuity on the prepuce has a hard base."—Certainly.

23. "Not so on the glans?"—No.

24. "And that if caustic is applied to a perfectly healthy prepuce the ulcer which follows has a hard base—we have Mr. John Hunter's chancre."—Yes.

25. If you take the case of a young man of twenty or twenty-one settling in London from the country, and indulging in promiscuous intercourse with women, the great probability is that he will shortly become the subject of gonorrhœa?—Certainly.

26. And if gonorrhœa, which is a venereal disease, why not sores of any and all kinds?—Gonorrhœa is not positively a venereal disease. A gouty man may have, and very often does have twice a year, gonorrhœa without any connection whatever. Not one hundred miles from this very house there is a gentleman very high up in the world who has gonorrhœa once and very often twice in the year without any connection. He knows it—he looks at his urethra every morning, he sees that it begins to weep, he knows that in a few days his eyes may be attacked, and that the weeping will subside; a short time after that gout comes on, his gonorrhœa has gone and his eyesight is relieved.

27. That is rheumatic gonorrhœa?—Yes; he has had that to my knowledge for twenty-five or thirty years.

28. Do you consider that the absence of proof, and the difficulty of obtaining proof of the existence of disease in such women, favours your views of the non-existence of syphilis?—No man who understands his profession can state that a woman is or is not attacked with gonorrhœa—no man can distinguish gonorrhœa in a female.

29. Do you consider that the difficulty of obtaining proof of the existence of any disease in women favours your views of the non-existence of syphilis?—I will not give an opinion unless I have the woman examined.

30. Suppose that you examine twenty women, and that the result of that examination is that out of those twenty women eighteen are free from disease of any kind, and yet that out of forty men who have had intercourse with those twenty women thirty have gonorrhœa, one in one form and another in another, or chancre, one in one form and another in another, do

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you consider that absence of disease in the greater part of the females favours and gives force to your views on the non-existence of syphilis?—There is no question of it.

31. To what cause do you attribute the secondary diseases following primary sores, where mercury has not been employed?—I am not aware that I have seen that in my own practice. You must go and enquire minutely, and it is very difficult to obtain a proper result, but I speak of my own practice.

32. My former question carried it on a step further, and said "where mercury has not been employed." If it could be proved that a case came into the hospital on a certain day with a certain sore, and that the surgeon attending it predicted a secondary eruption, and that that eruption appeared within a week of the time at which it was predicted, and if you had a multitude of such cases without a particle of mercury being administered, would it influence your opinion upon the non-existence of syphilitic disease?—I can only speak from my own knowledge.

33. Have you ever witnessed this class of symptoms in the persons of females in a respectable station of life, or in young persons prior to the age of puberty?—Eruptions one has very often witnessed in children at the breast, but they arise from an error in diet.

34. Your opinions are not modified by anything which you have seen of late years?—Certainly not. I have been round the Lock hospitals here, and I have seen nothing to change my view nor to lead me to assume that anything was syphilitic.

35. I witnessed a case the other day of a man who had had a sore upon the foreskin, within two months he had an ulcer upon his forehead, he had sore throat, and he had an eruption all over his body; the sore throat was of a destructive character, it destroyed his soft palate and it attacked the back of the fauces; he had a large ulcer upon his forehead throwing out a purulent ichor. The man seemed in a very advanced stage of physical destitution as regards health, he had not taken a particle of mercury, and he had had nothing but the simplest treatment from the commencement of his attack. I must not ask you I suppose how you would explain that case, because you have not seen it, but I have seen it, and I should like to know what explanation you would give of such a case as that?—If you look back you will see that twice in my life I saw destitution to a great extent, that I was in the north of France in the years 1815, 1816, 1817, and 1818. I saw there secondary symptoms without end. I was quartered in the country. I practised amongst the natives gratis, and the consequence was that my rooms were filled every morning with patients of all descriptions. I saw there a disease of the same kind as I had seen in Canada, it was called the Canadian pox, all arising from want of food, that is to say from starvation. I have been in the place where it occurred.

36. A part of your pamphlet is devoted to these very cases to which you are now alluding, namely, constitutional disease depending upon want of food, that is to say, destitution; but I should like to bring before you the distinction between the class of cases which you have quoted here.—Before coming to that we should settle the question whether there is such a thing as syphilis? If there is no primary disease there can be no secondary.

37. You state at page 59, *l.c.* "It is evident that if the above diseases can be induced by any other cause than by a syphilitic virus, the syphilidographers have no right to assume that the above diseases are caused by a syphilitic virus." I see no parallel, or a very remote parallel, between

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these cases which you have mentioned and those cases of secondary disease, which appear to me, and to others around me, to be the specific indication of a syphilitic or a venereal poison. You say, "Are these diseases pathognomonic of a syphilitic virus, or can they be induced by no other cause than a syphilitic virus? It is evident that if the above diseases can be induced by any other cause than by a syphilitic virus, the syphilidographers have no right to assume that the above diseases are caused by a syphilitic virus." That admits, perhaps, of a little different interpretation, as I put to you just now, with regard to the occasional occurrence of a sore. "Thus, every medical practitioner knows that males are more subject to ulcers in the throat from birth to 40 years old than females?" p. 60.—Certainly.

38. You do not describe the character of the ulcer?—All kinds of ulcer.

39. *L.c.* p. 60, "That these ulcers occur in consequence of indigestion, or of costiveness, or of a cold, &c., and that they are in a few days cured by a mild laxative and rest in bed. As to cutaneous diseases, is it not known to the medical profession that cutaneous diseases were far more prevalent before the so-called syphilis was thought of? Did not the Arabian physicians teach us to cure cutaneous diseases by the now-called mercurial ointment centuries before syphilis attracted attention? Hence the use of mercury for the cure of the so-called syphilitic diseases?" I need not call upon you, a physician of great experience and discrimination, to note (which you will do, I am sure, and I presume have done, with your wonted accuracy) the resemblance or identity or the dissemblance of the two forms of disease. You speak of eruptions indiscriminately—you know perfectly well, as well as I do, that eruptions are of an infinite variety—you do not specify their character. Then you say, *l.c.* p. 60, "As to pustular eruptions, nodes, necroses, &c., &c.:—In 1775 the United States of America invaded Canada under General Montgomery, and laid siege to Quebec for some months. The crops of wheat had failed that year in Canada, and especially at a place called 'La Baie de St. Paul,' on the eastern bank of the St. Lawrence. The presence of the American army increased the scarcity of bread. Towards the spring of 1776, a pustular eruption, attended with nodes, necrosis, &c., broke out at 'La Baie de St. Paul,' and destroyed a great number of the inhabitants. It spread all over the country, and caused such alarm that the English Government sent medical officers from England with food and all kinds of comfort to Canada. This epidemic was supposed to be contagious, and was called by the medical profession 'The New Venereal Disease of Canada.'" This was in 1776, when they knew very little of the venereal disease, or they would not have suspected that it was of a venereal character. "But it had this peculiarity, that although said to be contagious in general, the genital organs were not affected. Who does not at once see in this epidemic outbreak of disease the want of proper food as the cause?" And a very legitimate question, for who does not see it? Then you speak of the food of the French army, *l.c.* p. 60: "That part of Portugal through which the French army advanced to the lines of Torres Vedras, in 1810, was laid waste by us, as to food for man and beast, as we retired before the French army. The French army on its advance to, and on its retreat from, Torres Vedras, consumed and destroyed the food for man and beast which had escaped us; and the consequence was, that the inhabitants of that district were in a starving condition, although the English Government spared no expense to relieve them." Then you say (speaking of the

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period after the retreat from Burgos), *l.c.* p. 61, "I saw hundreds of the poor creatures labouring under cutaneous diseases." But I should have said that a man of your discrimination and experience ought to have specified what was the character of the cutaneous disease, whether it was pustular, or whether it belonged to the class which is now pretty well recognised as roseola, and those gentlemen who are experienced in these matters called it roseola syphilitica. The following is your résumé at page 64:—"To resume—1st. Since the two most celebrated nations in the world are England and France for their pathological professors. 2nd. Since these pathological professors cannot at the bedside demonstrate the presence of a syphilitic virus. 3rd. Since all the consequences of the presence of this supposed syphilitic virus may be induced, and are induced, by known and natural causes, irrespective of syphilitic virus. 4th. Since all the consequences of the presence of this supposed syphilitic virus may be and are cured without the administration of its supposed specific remedy—mercury. 5th. We must conclude that there is no such thing as a syphilitic virus?" —You have not mooted the question whether there is or is not any premonitory symptom of syphilis.

Dr. Donnet.—40. I understand you to say, that you do not consider that hard chancre is a proof of the existence of syphilis?—Exactly. I have had in the army a man wounded in the penis, having been touched with a ball, and the base has been perfectly hard. If you apply to a person in perfect health caustic to the prepuce, you have a hard base, therefore, I must doubt that hardness is a proof of the existence of syphilis.

Dr. Wilks.—41. Do you ever see persons suffering from copper-coloured scaly rashes, with ulcerated throats, and nodes on their bones? —Yes; I have seen that repeatedly.

42. Do you find on enquiry that such persons have had a sore on their genital organs some weeks or months before?—I am not aware at this moment that I have made that enquiry.

43. You think they arise spontaneously under various circumstances? —From starvation.

44. Do you think that they are produced by the remedies?—I have seen copper-coloured eruptions and nodes produced by mercury.

45. Have you seen nodes and iritis produced by mercury?—I have seen nodes and necrosis of the bone, both in the legs and in the arms, and in the nose, as the consequence of mercury.

46. You say that there is no pathognomonic sign of a primary syphilitic ulcer, and, if so, you say, how can the symptoms of secondary syphilis be recognised. Are you aware that it is not the custom of physicians in London to treat primary syphilis, and therefore do you infer that they can know nothing of constitutional diseases which they are in the habit of treating under the name of syphilis every day of their lives—it is not the habit of physicians in London to see primary sores, but they are in the habit of treating diseases which they call syphilitic. Do you infer that they ought not to do so when they know nothing of them?—Decidedly they ought not to treat them, if they have not seen the sore. No man can treat a secondary if he does not know the primary. In France every one treats it, but the thing is to be treated primarily.

Chairman.—47. Your practice has been with primary sores?—Yes.

Dr. Wilks.—48. You say that on one occasion you sent a surgeon to examine a woman?—Yes; I constantly enquired, whenever a person came to consult me, whether the woman was on the town.

49. That was not with reference to any disqualification of your own, but it was a matter of convenience, I suppose?—I did not expose myself to go into every brothel.

50. You mention that there are a large number of diseases said to arise from syphilis?—Twenty-five.

51. Are you aware that many persons now hold the opinion that owing to the great resemblance of all these changes, it is an argument in favour of their arising from a single virus?—Certainly not. Forty years ago in France everything was syphilis—here there is very much the same thing—everything is syphilis; secondary symptoms are syphilis; all ulcers upon the tonsils are called syphilis.

52. I rather wanted to know whether you admitted the fact, that others hold a contrary opinion to yourself, namely, that they consider that all these distinct diseases are very much alike, and because of their resemblance they have an argument in favour of their having a single cause?—Holding an opinion, and being correct, are two different things. I have taken some pains, but still I may be in error. Hence it is that I did not accept a seat upon your Committee when I was offered it. I wanted to hear other opinions.

53. You say in your introductory letter at page 6, "*Proofs of the Non-Existence of a Specific Enthetic Disease*," "Let the history of the cases of the so-called syphilitic disease be carefully recorded, and then let them be treated only by ablution of the parts, attention to diet, and to the general health, but on no account administer any preparation of mercury, or any other medicine, but under the advice of the Medical Commission. Let the Commission see these cases at least twice a-week till they are discharged from the hospital. Let the Commission inspect these men monthly after they are discharged cured from the hospital for at least a year; and if any of these men should leave the country with their regiments, the surgeon of the regiment ought to report to the War Office every six months after they have left the country the state of health of these men; and if any symptoms of what have been heretofore considered symptoms of secondary syphilis should appear, these men ought to be seen and examined by a medical commission—I repeat, acquainted with medical science—and reported on to the War Office, and not left to the report of the regimental surgeons, however respectable they may be. If these severest cases, so left to the effects of nature to be cured, remain one year free from what is now called secondary symptoms, it will be a proof that they were not afflicted with a syphilitic virus." I understand, from what you have said to-day, that if they were followed by symptoms, you still would not believe that they were at all associated?—I rather said that I would not rely upon anything which I did not see.

54. I understand that you will not admit the contrary?—What do you mean by the contrary?

55. You state that if a certain number of cases are under inspection for a year, and no so-called secondary symptoms follow, we ought to look upon it as a proof that there is no syphilitic virus?—Certainly.

56. But I want to know whether if we did find symptoms follow you would call it a proof that there is a syphilitic virus?—I should like to see it; I have been at that work for forty-eight years.

Mr. Quain.—57. Is it your opinion that there is no such constitutional disease as syphilis?—Certainly; I know of none.

58. Is it your opinion that the appearances commonly known as belonging to secondary syphilis arise from common causes?—Certainly.

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59. Supposing such secondary symptoms, as they are named, to arise after an infecting sore, so-called, on the genital organs, do you believe that the eruption on the skin, the iritis, and other appearances, would equally have occurred if no sore had existed?—I first of all must be quite certain of the sore, not what another person would say; I would go by my own judgment.

60. I do not ask about the sore, but I say that those eruptions and other general appearances occur after a sore on the penis?—There may be a sore not syphilitic, because I know of no symptoms by which you can diagnose that it is syphilitic.

61. Would those general symptoms, the eruption on the skin and so on, equally have occurred if there had been no sore?—Perfectly; it depends upon diet, and upon different things independent of the sore. For instance, in a case which I have already mentioned, there was an eruption upon the skin, the cause of which was declared by all the medical men, eight or nine, against me, and I went to every house and got the woman at last, and they were obliged to give in.

62. Do you believe the disease of the skin, and the disease affecting other parts arising after, or with a sore on the genitals, to be the same as if they had existed without a sore on the genital organs, or without any communication with a female?—You have sores on the genitals without any communication with females.

63. I do not ask with reference to the sores, but I say would those general symptoms affecting the skin, the eye, and the throat, be severally the same as if they had existed without a sore on the genital organs?—Yes; with respect to iritis, do not you have iritis without syphilis? Therefore, why should you say that iritis is caused by syphilis?

64. As regards the sores, you state in your "*Letter to the First Lord of the Admiralty, relative to the question,* IS THERE A SYPHILITIC VIRUS?" at pages 17 and 18, "When a young and vigorous man has sexual intercourse with a female having a spasm in the vagina, he too often uses force. He injures himself. The next day or the day after he rushes to his medical adviser, who, if he is a prudent man, will have the female examined before he gives an opinion." You say afterwards, "Ninety-nine times out of a hundred she will be found to have a spasm in the vagina, but to be perfectly healthy otherwise?"—Perfectly so.

65. On the same subject elsewhere in your pamphlet entitled "*Proofs of the Non-Existence of a Specific Enthetic Disease, addressed to the Secretary of State for War,*" at page 7 of the preface to the second edition, I find the following passage:—"In conclusion, what I contend for is this, that the slightest wounds on the fingers and toes are cured in a few days by rest and ablution, without any bad consequences occurring. That in the act of sexual intercourse, in the state of orgasm in which the genitals of the man and the woman are, the genitals of the man or those of the woman, or both, may be wounded; that these wounds can be cured by rest and ablution, without any bad consequences following, any more than follow the cure of the simple wounds on the fingers or toes." Do you believe that the sores of whatever kind occurring on the genital organs of the male after communication with the female are the result of injury only?—Entirely.

66. Do you allow that sores of any kind proceed from contact with any sore on the female?—I have not seen it. Let me explain that. I have not seen a case of a woman having a sore and communicating that to a man. If you question the man he will tell you that at the moment of

introduction into the vagina he feels pain; he has either been wounded by a hair, or before he has had communication he had a sore upon the penis of which he was not himself aware. I believe I have stated that in some of the houses of ill-fame of the most respectable class, as they call themselves, they examine every man to see whether he has a sore or not, and if he has one, however trifling that sore is, they will not allow him to have any contact, and they tell him, "If you have any communication with one of our females you will injure yourself, and you will go away and state that you have been diseased here, and you will destroy the reputation of our house." *Dr. Macloughlin.* 6 Dec. 1864

67. Then you do not allow that sores of any kind proceed from contact with sores in the female?—I have not seen it.

68. Do you recognise any difference, as to the effect on the person, between soft sores on the genital organs and hard ones?—No.

69. In your opinion is there any connection between any form of sore on the genital organs and the eruption on the skin, the sore throat, the inflammation of the eye, and the rapid falling of the hair, commonly known as proofs of constitutional syphilis?—Certainly not.

70. Is the concurrence of the two conditions merely accidental?—Yes.

71. Have you registered the cases upon which you ground your opinions?—I have mentioned the regret which I expressed not to have registered these cases from the first. I never expected to be brought into an enquiry of this kind. The medical men who consulted with me are perfectly aware that I entertained those opinions when I went forty odd years ago to Paris, and when I consulted with all those men who are mentioned in my books. Hence it was that I impressed upon the Admiralty the importance of having a Commission which I was not on, so that I should not influence the Commission in any way whatever.

Dr. Balfour.—72. If you are correct in supposing that the large number of hard sores occurring in the army and navy are the result of men applying caustic, as they formerly did lime to the eyes, to produce ophthalmia, for the purpose of being taken into hospital, how do you account for the large number of men who are constantly reported by the army surgeons for concealing their disease?—I told you what I saw about the eyes. I also told you that it would be right not to make it known that the application of caustic would produce a sore which would lead the surgeon to infer that it was a syphilitic sore.

73. For the purpose of being taken into hospital?—For the purpose of being taken into hospital or away from duty.

74. Is not that supposition completely contradicted by the fact that the men evade going into hospital as much as they possibly can?—You will find that in active service they do not evade going into hospital, hence causing the application of lime.

75. But as active service is an exception to the rule just now, we must argue upon the amount of venereal disease occurring when the men are not on active service, and when they decidedly evade going into hospital.—I speak of what I have known in the army. I have known the army for forty-six years.

76. Then, in the remarks which you make as to the practice in the army, you refer to what was common when you were serving forty-six years ago?—With reference to the eyes, certainly.

77. And also, I presume, with reference to the analogous case of the hard sore?—Of course. I have not had any intercourse with the army

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since; but I have had plenty of intercourse with the general hospitals in France, and there they do not admit hardness of the base as a proof of syphilis. You will see it in what I state as to Dr. Ricord. In a consultation which I had publicly with him, I said "What are the symptoms which you have to denote syphilis?" He said, "Inoculation." He doubted Mr. Hunter entirely.

78. From your answer, am I entitled to infer that your remarks upon the subject of the production of hard sores by caustic are founded upon your observation of the French hospitals, and not of the English?—I have been about here, and I have seen hard sores. I have not been in practice here in London.

79. But your conclusion as to the hard sores being produced by caustic is the result of your observation in the French hospitals, and not in the English?—And in the English hospitals in former times.

80. Forty-six years ago?—Fifty-three years ago.

81. You of course are aware of the difference between the constitution of the French Army and of the English Army, and that deductions from what you have observed in French hospitals are in very many respects not applicable to the British hospitals?—They are entirely applicable to the British hospitals.

82. They are not applicable in this respect, that the British soldier, in time of peace, at all events, avoids going into hospital as much as he possibly can, and the French soldier does not?—There are two modes of proceeding in France—the French soldier is not immediately thrust into hospital, he is put into a place of observation to see whether the disease makes any progress; if it does make any progress he is sent to the hospital. You are talking of the hard chancre—how very few chancres on the genitals are hard—they are not so common, as you seem to imply, in this country or in France.

83. I beg to say that I did not make any remark with regard to their being common or uncommon.—All your remarks were on the hard chancre. Dr. Evans will tell you that there are very few hard chancres. I do not quote myself, because I do not wish to quote myself, but there are very few on the genitals, and hardness is the exception.

84. In my question with regard to the hard chancre, I simply took your own statement as to the application of caustic, I did not say anything about their relative prevalence, which is quite another matter.—If you examine any man in a hospital you will find that there is the hard base, exactly what Mr. Hunter states. Therefore if you determine an ulcer on the genitals by a hard base, Mr. Hunter's diagnosis must fall to the ground.

85. Did I apprehend you correctly as stating that your personal knowledge of what occurs in the army hospitals of this country is the result of your observations during the period of your own service, and not during the last forty-six years?—I have not been in practice here; I have seen some patients. I have been round your Lock hospitals, and I have formed my opinion from those.

86. But Lock hospitals are not Army hospitals?—Certainly not, but I suppose that they treat them in the Lock hospitals just in the same way as they treat them in the army.

87. Then I am correct in the supposition that so far as your personal knowledge of the practice of the Army hospitals is concerned, it is the result of your observation during the period of your service, and not of observation made during the last forty-six years?—Certainly.

Mr. Quain.—88. In the paper, "*Proofs of the Non-Existence of a Specific Enthetic Disease,*" which you have addressed to the Secretary of State for War, at pages 11 and 12, you have said, "In the interest of the Army the attention of the Secretary of State for War is called to this subject, as the pathology, the etiology, and the medical treatment of this so-called syphilitic disease has never been scientifically studied by the Army Medical Department, and as their medical treatment is empirical, annually committing great ravage in the army, depriving the army of the services of thousands of men, if not destroying the lives of hundreds." You also say in the "*Pathological Facts respectfully submitted to the Committee of the House of Commons appointed, &c.,*" at page 21, "If my information is correct, the Committee leave the pathological question where it was, and they doom the sailor and soldier to be destroyed by a medical treatment for an imaginary specific disease, as the soldier and sailor are now doomed to be destroyed by cholera, assisted by the medical treatment, because the Government refuses to see that the soldier and sailor receive the best medical assistance that medical science can give." There is another quotation which goes to the same effect. At page 66 of the larger pamphlet, "*Proofs of the Non-Existence of a Specific Enthetic Disease,*" it is said "The War Office have an army of 400,000 men distributed in various parts of the globe, and a staff of about 1,500 medical officers also distributed in various parts of the globe. If the attention of 1,500 medical officers were directed to the study of the pathology, the etiology and medical treatment of this so-called syphilitic disease, and if the researches of these 1,500 medical officers were carefully and scientifically recorded, in a few months there would be an amelioration as to this so-called syphilitic disease in the army—the army medical officers would not go on as they are now going on—to consider every ulcer on the genitals as syphilitic, and to be treated only by mercury, and consequently injure their patients." I would ask you on what evidence you make those statements?—Taking the first statement which you have read, the disease of syphilis has never been examined scientifically, and I have a proof of it in Hunter—it has never been scientifically considered by any Committee, by any Government authority, or by any individual. That being the case, the army medical men and the navy medical men follow Mr. Hunter, who stated that syphilitic virus was a cause of syphilis and of gonorrhœa, a fact which is complete nonsense, and therefore the army medical men and the navy medical men have treated the disease empirically by going by Mr. Hunter.

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89. You say in the third passage which I have read, "the army medical officers would not go on as they are now going on—to consider every ulcer on the genitals as syphilitic, and to be treated only by mercury." Upon what evidence do you state that?—I understood from medical officers that Mr. Alexander reported that every sore upon the genitals should be inserted as syphilitic.

90. I will call your attention to the "*Directions issued for recording cases of Primary Venereal Lesions and their Consequences, with a view to obtaining more accurate diagnostic information respecting the Disease, to which are added a few Directions on Treatment by Mercury.*" These are the directions given to each young man who goes as a candidate for the appointment of assistant surgeon in the army to the Victoria Hospital at Netley.—That is since my publication.

91. I have also "*Observations on the Treatment of Syphilis, with an*

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Account of several Cases of that Disease in which a Cure was effected without the use of Mercury," by Thomas Rose (an Army Surgeon). The paper is published in the "*Medico-Chirurgical Transactions*," it was read on June 24th, 1817.—It was written in 1814.

92. It is published in the "*Medico-Chirurgical Transactions*" in 1817. I also refer you to the work of Dr. Hennen, "*Principles of Military Surgery*."—He was no authority.

93. He says, at page 534, "In primary sores of a complicated nature, the non-mercurial plan has been as strikingly useful as in the more simple." And again, there is appended to the work a Circular letter addressed to the Surgeons of the Army, dated April 2nd, 1819, and signed J. McGrigor and W. Franklin, from which I quote the following passage, "*From the statement above made it would appear that all kinds of sores*, or primary symptoms of syphilis, may be cured (as far as a period of nearly two years will warrant the conclusion) without mercury." How do you reconcile all this with the charge that military medical men treat all such cases with mercury?—Mr. Alexander was at the medical board, and gave an order to the effect that all sores upon the genitals were to be entered as syphilitic.

Dr. Balfour.—94. I am not aware of Mr. Alexander having given any such order. I am aware that we were ordered by Lord Herbert to adopt Dr. Farr's Nomenclature of Diseases, but I am not aware that Mr. Alexander gave any order that all sores on the genitals were to be returned as syphilis.—I certainly submit that I was told of such an order, but I will find out; if I am wrong, I will acknowledge it.

95. I am quite aware that Lord Herbert ordered the army medical department to adopt Dr. Farr's Nomenclature and classification, and he did, notwithstanding a remonstrance from myself.—Still it was done.

96. As an old medical officer, you know that any order issued by the Secretary of State for War must be obeyed in that respect.—But still it was done.

97. But there was no order that such cases were to be treated with mercury, and such cases are not treated with mercury?—It may be so, but still they were put in the syphilitic list, that is all that I contend for.

98. But you contend in your pamphlet that all those cases are treated with mercury?—If you put them all in the syphilitic list, I must contend that they are treated by mercury.

99. Are you not aware that a large number of army medical officers give no mercury whatever in any form of primary sore, whether they consider it as a simple ulcer or as syphilitic?—No, I was not aware of it, because you are so liberal in the army with mercury that I cannot suppose for a moment that it is not used in those cases.

100. Upon what authority do you state that they are so liberal—is it upon the authority of your own observation during your former service, or is it upon hearsay evidence?—Upon my own observations formerly.

101. Forty-six years ago?—Forty-eight years ago.

102. Are you not aware that after the publication of Rose's paper, a complete change took place in the treatment of venereal diseases by the army medical officers, and that at the present time the large majority of them treat those diseases without mercury at all, or with mercury only in such cases as are considered to be cases of infecting sores?—You cannot do me a greater pleasure than by stating that fact. I hope that it will go to the world, that at this moment the army medical officers do not do as

they did in my time, give mercury helter-skelter. You now bring the best proof that you can bring, I take it as such, and I hope that it will go as such, that my views are correct. *Dr. Macloughlin.* 6 Dec. 1864

103. Such being the case, you being rejoiced to hear upon my authority that a large number of medical officers do not treat the disease with mercury, are you prepared to retract the statement which you have made, so injurious to the army medical officers, that they treat all their cases with mercury?—I will retract it if you can prove to me that an immense number do not give mercury. I will then retract it most pleasantly, because you will do me an immense service.

104. In the meantime you admit that that statement is founded upon your personal observation forty-six years ago, and not upon personal knowledge of what has occurred since?—From the account which I had from medical men of your Board, and other medical men, I thought that you still gave mercury; but I repeat that if you can bring forward proper proofs to prove that I am wrong, I shall thank you and retract.

105. And you will make, I hope, a handsome apology?—My retractation is sufficient.

Dr. Donnet.—106. You have stated that Naval Medical Officers consider Hunter's a standard work?—Yes.

107. And that they act upon the treatment recommended by him?—Yes.

108. Will you allow me to correct that statement; the Medical Officers of the Navy only consider Hunter's a classical work *after* they have become acquainted with the actual state of syphilitic science?—I went to your chief, I do not go behind any man's back whoever he is, and I went to Dr. Balfour's chief too. I went to Dr. Donnet's chief, and I put the question to him: "Why should not you have syphilis examined into?" I did so before I wrote all these papers. I said, "You make awful havoc in the navy." I said, "How do you treat the disease?" He said, "We treat it *secundum artem.*" I said, "Why still hold by Hunter?" He said, "My dear fellow, we treat them *secundum artem.*"

109. I merely wish to state that from my experience, and from the conversations I have had with many of my own medical brethren of the Navy, that they consider Hunter's as a classical work only to be referred to after they have become acquainted with the state of science as it is known at the present day; and that they are not influenced by the treatment which Hunter prescribes?—I am exceedingly glad to hear it, and am quite ready to make an apology to you, and to the army. I went to Dr. Bryson, and Mr. Romaine spoke to me; he sent for me, and spoke to me about salivation—that the patients were salivated in the navy.

Mr. Quain.—110. With respect again to the use of mercury as a remedy in the army, Sir Benjamin Brodie, in his "*Lectures, illustrating various Subjects in Pathology and Surgery,*" page 232, says, "I had frequent opportunities of seeing Mr. Rose's cases, and from time to time I watched their progress with him. Every sore upon the organs of generation got well under his management; many of them probably were not venereal, but of course many of them were. Not only did the sores heal, but the consequent hardness of the cicatrix disappeared. Some of the secondary symptoms were slight and others were severe, in fact, exhibiting nearly the usual character; but they were removed without the use of mercury. Mercury was had recourse to in only two or three cases, and there it was rendered necessary to save the eye, in consequence of inflammation of the

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iris supervening. From these facts Mr. Rose came to the conclusion, which these cases certainly seemed to justify, namely, that syphilis was curable without the use of mercury. Other army surgeons repeated these experiments with the same results, and I believe that the disease is even now treated in the army to a great extent on the same system. These observations led a certain part of our profession to a view of the subject entirely different from that which had been entertained previously. They not only alleged that mercury was unnecessary for the cure of syphilis, but that it did a great deal of harm, and that the introduction of it into the system was actually worse than the disease which it was intended to cure." These opinions were published in 1846, by Sir Benjamin Brodie. Mr. Samuel Cooper has said in his "*Dictionary of Practical Surgery*," 7th Edition, at page 1443, "The investigations made in the military hospitals decidedly prove that all kinds of eruptions supposed to be venereal may be cured without mercury." If such men as Sir Benjamin Brodie, in 1846, and Mr. Cooper, in 1838, believed that the army surgeons had made a great improvement in the views generally entertained respecting mercury as a remedy for syphilis, and treated the disease in a great measure without mercury, how can you reconcile with those gentlemen's statements your assertion now, that men in the army are at present treated in all cases with mercury?—Are they, or are they not?

Dr. Balfour.—111. They are not?—You say that mercury is not used.

112. I do not say that it is not used in certain cases, but that the use of mercury in ulcers on the genitals is an exception to the rule?—Very well.

Mr. Quain.—113. Do you believe that those statements by Sir Benjamin Brodie and by Mr. Samuel Cooper are erroneous?—No; if you read my pamphlet you will find that they agree with me that mercury should not be used.

114. They say that military surgeons do not use mercury, or but rarely; you say that they use it indiscriminately?—I go by what I heard from the medical men when I came back from France sixteen years ago.

The witness withdrew.

The following letter is appended to Dr. Macloughlin's evidence at his own request:—

To Spencer Smith, Esq., Secretary, &c.

34, Bruton Street, Berkeley Square, London.

Sir, *10th January*, 1865.

As I have been examined on the 6th December last by the Committee of which you are Secretary, and as, in my opinion, I had not an opportunity, to my satisfaction, to state the ground on which I take my stand to assert that there is no syphilitic virus, permit me to place, through you, before the Committee, the proofs that I have to consider that there is no such thing as a syphilitic virus.

There are only two syphilidographers, of the past or present age, whose opinions deserve attention as to the existence of a syphilitic virus. These are Mr. John Hunter and Dr. Ricord. Let us see what right these gentlemen had, or have, to be considered as authorities that there is a syphilitic virus.

Mr. John Hunter states, at page 23 of his Monograph on the Venereal Disease, published in 1786, "That syphilis and gonorrhœa are caused by the same virus; neither of these two ways in which the disease manifests itself is owing to anything peculiar in the kind of virus applied, but to the difference of the parts contaminated."

If I were before a court of justice, I would not say another word. There it is an axiom that where the premiss is wrong the sequent must be wrong.

At this moment every one knows that syphilis and gonorrhœa are not caused by

the same virus. But, out of respect for Mr. John Hunter, we shall not dismiss him summarily. *Dr. Macloughlin.*

There is a disease which attacks the genital organs of the male and female, but especially the male organ, and goes by the name of herpes præputialis in the male. This disease comes on spontaneously, this is, without sexual intercourse. It has symptoms so identical with those which Mr. John Hunter considers to be pathognomonic of syphilis, that, as Mr. John Hunter has said nothing of herpes præputialis, we must conclude that he has placed the symptoms of herpes præputialis before us for those of syphilis. 6 Dec. 1864.

Therefore we are forced to arrive at the conclusion that Mr. John Hunter did not know the etiology of syphilis or gonorrhœa, nor the pathology of syphilis, and that his Monograph on the Venereal Disease is a work of imagination, and not a work of pathological investigation.

See "Bateman, on Cutaneous Diseases."—Article, "Herpes Præputialis."

Let us now pass from Mr. John Hunter to Dr. Ricord, and let us see what is the value of Dr. Ricord's proofs of the existence of a syphilitic virus.

Two and twenty years ago, at a public consultation with Dr. Ricord on this question—whether there is or there is not a syphilitic virus—I brought him to admit that by the use of his eyes, or by the use of his touch, he could not demonstrate the existence of a syphilitic virus, but that he could do so by inoculation.

I immediately took note of this, and I reminded him that in herpes præputialis, the prepuce while in a state of active inflammation secretes inoculable fluid. That in all solutions of continuity on the human body, the parts while in a state of active inflammation secrete inoculable fluid. Consequently I informed Dr. Ricord that his inoculation, as a proof of the existence of a syphilitic virus, was an error placed in lieu of Mr. John Hunter's error relative to the indurated based ulcer.

Dr. Ricord is so well aware, now, that inoculation is no proof of the existence of a syphilitic virus, that he tells his followers to take care that the ulcer from which they are about to take the fluid for inoculation is in a state of active inflammation, that is, that the ulcer has not existed fourteen days.

Therefore, since the part of the prepuce on which herpes præputialis exists, and the part of the human frame, after a solution of continuity, while in a state of active inflammation, will secrete inoculable fluid, where is the proof, by inoculation, of the existence of a syphilitic virus? And, therefore, as Mr. John Hunter was not acquainted with the etiology of syphilis or gonorrhœa, nor with the pathology of syphilis, we must conclude that since the two greatest syphilidographers, whether in the past or present age, have failed to demonstrate the existence of a syphilitic virus, we must conclude, I say, that there is no such thing as a syphilitic virus.

I have, &c.,

(Signed) DAVID MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

Spencer Smith, Esq.,
Secretary.

Friday, December 16, 1864.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Dr. Jeffery Marston (Assistant-Surgeon 6th Brigade, R.A., Portsmouth) examined.

Dr. Marston.

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Chairman.—115. Are you familiar with the opinions which have been expressed by Dr. Macloughlin in his pamphlet, and with the views which he entertains upon the subject of syphilis?—Yes, I am.

116. Do you concur at all in those views, or have you any confidence in the truth of the statement that there is no such disease as syphilis?—I do not concur at all in those views, nor have I any confidence in that statement.

117. Do you believe that there is a specific disease called syphilis?—Yes; undoubtedly.

118. Do you apply the term syphilis to every variety of venereal sore?—Certainly not.

119. To what do you limit the term? Do you call a common soft sore syphilis?—I limit the term to that sore which is followed by the manifestations of constitutional syphilis, and I do not call the common soft sore syphilis.

120. Do you recognise the existence of two kinds of sore following impure connection—one almost invariably succeeded by constitutional symptoms, and the other rarely, if ever, followed by them?—Unquestionably. But perhaps it would be better if I were to say, instead of two species of sore, that I recognise two different processes, because the sores may not always be so specific in character as to enable me to distinguish them.

121. By processes, you mean, I suppose, the action that goes on?—I mean the action which is induced in the chancre and neighbouring lymphatic glands.

122. Can you generally, or can you invariably, distinguish between these two sores in their early stage? and, if so, what do you consider their distinctive characters?—You cannot generally distinguish between them in the early stage. I think that, if the period of observation during which you have a patient under your eye be sufficient—and it is sufficient ordinarily—you can generally distinguish between a sore which does infect the patient's constitution and one which does not. But I do not limit my observation to the sore itself, and that is the reason why I used

the word processes, because I draw my conclusions from a group of symptoms, and not exclusively from the character of the sore; but I test and corroborate the evidence obtained from the chancre by that obtained from the glands in the groin. *Dr. Marston.* 16 Dec. 1864.

123. My question had reference merely to the sore prior to the glands of the groin being involved.—Then, I should say no; you cannot. If I saw a pustule, or many small circular ulcers, I should think that I had the common soft sore.

124. Do you recognise two forms of the sore which is followed by constitutional symptoms—one which is described as the hard and the other as the soft chancre; or are secondary affections limited exclusively to the hard variety?—I am now, I presume, to speak only of the sore itself.

125. Exactly. You have said that you cannot discriminate between the two forms of sore in their first stage?—You have no reliable sign until induration appears?—I think that this, commonly, characterises the sore which precedes secondary affections; but before its occurrence the lesion may often be very trifling. An erosion or a pimple perhaps; very rarely a pustule, I fancy. By an observation of the whole group of symptoms, I think you can generally distinguish a sore that will infect from one that will not infect the constitution.

126. Do you mean after the glands are affected in the groin?—Yes. If a sore had induration—not the result of inflammation—which was specific and persistent in character, then I should look upon this as positive evidence of the syphilitic character of the chancre; but the negative evidence—viz., the absence of induration in the chancre—would not lead me to tell a man that he would not have secondaries. I should wait, and watch the progress of the chancre, the character of the cicatrix and the glands, before I gave a decided opinion.

127. If secondary affections follow a variety of the soft sore, will you state whether you are able to distinguish that form of primary sore from the common soft sore that is not followed by secondary affections?—You cannot do this with any certainty. I should look to the number and character of the sores; the edges and secretions of the ulcer; its progress, and the state of the inguinal glands. In a given case, I judge by its conformity or not to one or other of the descriptions given of the two affections; and the descriptions are these:—A case of indurated, indolent, non-suppurating, single sore, or if multiple, so from the beginning, preceded by a relatively long period of incubation, with symmetrical affection of multiple inguinal glands, and without any tendency upon their part to suppurate, is most surely followed by constitutional symptoms. Likewise, that multiple, soft, suppurating sores, following almost immediately after exposure to contagion, with open bubo, and both chancres and bubo giving a highly contagious auto-inoculable virus, are the products of a local process only. What peculiarly marks the soft chancre is a solution of continuity of the soft parts by an ulceration and suppuration, having in its origin and progress an intimate connection with an active inflammatory process. In the infecting form we commonly observe a slower process of abnormal nutrition in the part affected, by which is induced a localised product, partaking of the nature of a morbid growth without any necessary relation to inflammatory phenomena; for these reasons it is relatively chronic in its course, and capable of removal by a gradual process of absorption, without the production of pus, or any loss of substance. Of course between these two types there are many mixed

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cases that would not exactly conform to either, and of those I should wish to speak separately.

129. Are you familiar with a class of sores destructive in their nature which extend by a process of ulceration more or less rapid, and entirely without hardness?—Yes.

130. I presume you consider such sores capable of producing secondary eruptions; and, if so, of what character?—Yes; but I have not had sufficient experience of them to enable me to state whether they are generally followed by eruptions of a peculiar character. My impression is that the subsequent manifestations are often of a severe type in such cases.

131. In reference to the primary soft sore, admitted to be non-infecting in its character, do you treat this sore with mercury in any form?—Never.

132. Have you seen mercurial treatment for this sore adopted with advantage?—I cannot say that I have.

133. In reference to the class of soft sores capable of producing secondary disease, is there not great variety in their form, colour, progress, activity, and tendency to destructive action?—I believe so. My experience of the phagedenic form of infecting sore is limited however.

134. Do you recognise them as primary phagedenic sores? — My evidence on that subject is not worth much. I do not wish to give anything second hand.

135. Do they not vary in the degree of their activity, from being simply superficial, and erratic, in one extreme, to a violent and destructive action on the other, by which a large portion of the glans may be destroyed in the course of a few days?—Yes; they do.

136. Can you state whether all the degrees of activity of this sore are likely to the same extent to involve the constitution, and whether secondary affections appear in the same form and in about the same time in the two extremes of activity, that is, supposing it to be a phagedenic sore?— My observation is too limited of this kind of infecting sore to enable me to speak very positively. My strong impression is, that the amount of unhealthy action in a sore, such as the ulceration, sloughing, &c., stands in some direct relation to the severity of the subsequent constitutional symptoms, although not invariably so. I do not mean that this relation is actually one of cause and effect; but, rather, that both primary and secondary manifestations afford an indication of the degree of the original infection or of the constitution of the patient.

137. Are you of opinion that this form of venereal disease is the product of an especial poison peculiar to itself, or that it is the product of the same poison as the soft non-infecting sore, influenced and modified by the constitution of the individual?—The instances of sloughing that I have seen have been more frequent in the local soft sore than in the other; and when in the hard one, limited, as a rule, to the immediate neighbourhood of the induration. A creeping serpiginous ulceration is, perhaps, more common than actual sloughing. As to its being the product of a peculiar virus, I am unable to give any positive evidence; it may be. With regard to the constitution of the individual, and the conditions under which he is placed, I can speak; for instance, to refer to two cases which I remember to have seen. The first illustrates the influence of a defective hygiène. He was brought from ship-board, where he had been exposed to dirt, bad ventilation, and want of cleanliness, suffering from gangrene of the glans. In the second, sloughing attacked a large indurated

sore. From his previous history, I gathered that he had been subject to hemorrhoidal affections, that wounds healed with difficulty in him, and that when he had been inoculated with the virus of a soft sore, on a previous occasion, the artificial inoculations sloughed. I conceive, therefore, that the sloughing was the effect of the constitution and not of the poison. *Dr. Marston.* 16 Dec. 1861

138. What is the form of eruption—of bubo—and of sore throat which follows this sore; and with respect to the latter affection, what locality is generally involved in advanced stages of the disease? — If phagedena attacks the local soft sore, a suppurating bubo in the groin may take on the same action. I think that the tertiaries are severe, that the eruptions are often pustular, ecthymatous, or tubercular, that the anæmia is out of all proportion to the other cases, and that they yield much less to remedies, particularly to mercury. I think that the tertiary symptoms and the late secondary symptoms are severe in those cases. The earliest affection of the throat is, generally, a diffused and slight redness, but submucous swelling of the soft palate and tonsils may appear then, or at a later date, and softening, ulceration, &c., ensue.

139. Is the bubo in that case a suppurating one?—I cannot speak to that.

140. You will not say that it is not?—No; I do not say that a man suffering from true syphilis should never have a suppurating bubo, but I think that such suppuration has nothing to do with an infecting sore, as an essential symptom.

141. What parts or regions of the body are involved in the secondary eruption?— Of phagedenic sores, succeeded by secondary symptoms, I have had no great experience; but the scalp, extremities, and throat, are more deeply and more frequently affected, I think. The eruptions are more commonly present upon the trunk of the body than upon the extremities after hard chancre.

142. Do you adopt mercurial treatment in either the primary or secondary forms of this disease, and what treatment have you, in your experience, found most efficient?—My experience has been limited; but if I had previously given a man mercury for the primary disease, I should immediately stop it; and for the secondaries, I should give mercury tentatively or not at all. I should treat the patient constitutionally, giving him good diet, and iron, opium, plenty of fresh air, and destroy the sore with nitric acid.

143. What do you consider to be about the proportionate number of the cases of primary infecting sore, as compared with the common non-infecting sore?—The proportion differs very much at different stations; about 4 of the soft to 1 of the true syphilitic sore. I never saw so many hard sores as in Portsmouth.*

144. Have you observed different degrees of density of the base of what are termed indurated sores?—Yes; very different.

145. Would not the character of the base of a large proportion of them be correctly described by the term "thickening," rather than induration? Is there not, in truth, great variety in the degree of its density?—There is great variety in its density.

146. So that, in some cases, you would hesitate to call such a sore an indurated sore?—Yes; the induration in itself is a valuable characteristic where it exists, but it may vary in degree, and it may be mimicked by inflammatory hardness.

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* See Appendix printed at the end of Dr. Marston's evidence.

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147. As a general rule, which precedes—the ulceration or the deposit?—In the greater proportion of the cases which I have seen, there has been a slight amount of erosion preceding the hardness. On the other hand, there have been cases in which a man has come to hospital with a simple lump or hardness, without any erosion.

148. In those cases is the hardness very great?—It is; I think the hardness is the disease, in fact; I mean that the induration was, to my mind, a proof that the disease was true syphilis, and that the constitution was already engaged, and that the treatment consisted in dissipating this induration instead of treating an ulcer.

149 In the multiplicity of sores which have been brought under your observation have you often seen the cases of extreme induration as described by Mr. Hunter?—Not very often.

150. In what proportion do you think you have seen them?—I cannot say; but I have seen a much larger number than I had supposed to exist before coming to Portsmouth.

151. Have you ever traced this real induration as originating in pustule, a severe form of induration?—Once within my observation a man had a pustule upon a firm base, it was inoculated successfully, and the chancre subsequently became hard.

152. What is the character of the ulcer on this hard base as to form, depth, and progress, and what is its secretion?—The ulceration may be, and generally is, very slight; the edge of the ulcer is oblique, or there may be erosion only. The amount and degree of induration stand in no necessary relation at all to the ulceration.

153. Do you ever see purulent secretion from sores on that very hard base?—Sometimes you do, undoubtedly. I have examined them with a microscope.

154. Pus in secretion?—Yes; but then I do not think that this is a necessary part of the process. It is to be regarded as an accidental rather than an essential phenomenon. I think that if you had the power of keeping that hard sore at rest and perfectly clean, you would have little or no pus. In the doubtful cases in which you would apply to the character of the secretion for a diagnosis, those are the cases where you do get it, and therefore its diagnostic value is not much.

155. Has the bubo any peculiarities, and is it distinguished by any marked character from the bubo of gonorrhœa or that of soft sores? Yes. The affection of the inguinal glands is quite different, as a rule.

156. Presuming there to be considerable variety in the degree of density of the hard sore, let me ask whether you observe an equal variety in the secretion from the ulcer according as the density is greater or less?—Yes, the greater the density, the less the amount of secretion, as a rule.

157. Have you not a purulent discharge when the density is less, and an ichorous discharge very limited in quantity when the density is greater?—I think so. The local soft sores secrete pus longer and more copiously than the indurated sore.

158. Have you ever seen an excavated sore on a base of positive induration, or is it a common thing to see?—I presume you mean Hunter's sore.

159. What was so called.—You do see them, but I think rarely. The excavated ulcer on a split pea is not a common variety of induration.

160. Do you object to the word "thickening"?—No.

161. Have you observed any marked distinctions between the secondary eruptions following the sore, based upon solid thickening of the tissue

beneath it, and that based on positive induration? In a general way, I should say this, that the greater the induration in the sore, and in the glands, the more severe and prolonged are the secondary symptoms, as a rule. The succession of stages, or the evolution of syphilis, left to itself, is so regular and so plain as to be unmistakeable, to my mind. There are a certain number of cases that will go from bad to worse, and of course a certain number in which the patients may recover in time; but all appear to me to go through more or less the same stages when the disease is left to itself. *Dr. Marston* 16 Dec. 1864

162. You are, I think, speaking of the amount of the induration, while I was referring to the intensity of the induration. Do you mean to say that you consider the symptoms severe in proportion to the amount of the induration?—I mean the quantity as well as the quality.

163. Do you believe, in the case of sores based on cartilaginous induration, that the secondary affections are more intense than in the other forms of induration?—The greater the amount of induration in a chancre and the glands, and the greater its density, the worse, I think, as a rule, are the subsequent phenomena, but to this there are many exceptions.

164. Do you consider it necessary to give mercury in all cases of primary sores, based on thickening or induration?—No.

165. Do you observe that the administration of mercury has an effect on the period required for healing the primary sore?—In some cases it has; but sores often heal by local remedies only.

166. You cannot lay down a rule as to the administration of mercury?—No; there are many things to be taken into consideration. I do not now commonly give mercury in the primary stage unless the induration be dense or large.

167. Do you observe that it exercises any beneficial influence in preventing the subsequent development of constitutional symptoms?—I do not think it prevents the occurrence of secondary symptoms.

168. Do you invariably treat these secondary forms of disease with mercury, and to what extent do you employ it in each case?—I do not employ it invariably.

169. When you do administer it? Do you administer it freely, or in the form of what are called alteratives?—We either rub in mercury, or give the patients moist calomel vapour baths. We always take care to watch a man carefully, to feed him well, and to give him iron, probably, at the same time; for it is a very important fact to bear in mind, that syphilis tends to impoverish the blood; or we administer quinine, and use warm baths, and so on.

170. What do you consider the effect of mercury employed in the treatment of these diseases;—does it act as an antidote to a poison, or does it produce a condition of the system simply antagonistic to its further progress?—I cannot say; but I think that mercury and syphilis are antagonistic one to the other in some way.

171. Yes; but that is not in the relation of an antidote to a poison, for, according to that doctrine, a man who was salivated would be exempt from syphilitic poison?—I am not prepared to give any theory of its action.

172. You do not regard it as an antidote to a poison?—No; not as an antidote.

173. Is it not rather that it produces a condition of the system which is unfavourable to the further progress of the syphilitic action?—That I do not pretend to say. I think it very likely.

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174. If it be in the direction of a positive antidote to a poison, you must carry it on until the poison is killed?—I do not at all think that it is an antidote. I conceive that it is the best remedy for certain forms, and certain stages of the disease—nothing more than that. What Dr. Wilks has said upon this subject affords the best expression of my own views. There are two processes, he says, in a syphilitic case, the one formative, showing the effects of the virus in the albuminous depositions; the other exhibiting the degeneration of the tissues from the long continuance of the morbid action. Now, mercury opposes the first and favours the second.

175. Do you believe that the disease called syphilis can lurk or lie dormant in the system for a lengthened period of years?—I think it may.

176. Have you had many opportunities of tracing disease in the man to the woman with whom he has had intercourse?—No. I have been able to trace the disease from a man to his wife.

177. Have you seen many of such cases?—No; I can speak of one only, wherein the man gave the primary lesion to his wife from his chancre.

Mr. Quain.—178. Do you mean that he gave the same kind of sore as he had himself?—Yes, the same kind.

Chairman.—179. Do you believe such women to be necessarily diseased, and, if diseased, are they subjects of the same disease as that they appear to have produced?—Yes, either diseased, or the vehicle of some morbific agents, from the effects of which they are not necessarily suffering. I think both the soft and hard sore depend upon a specific virus, and that they cannot be generated anew.

180. But my first question was, Have you had many opportunities of tracing disease in the man to the woman with whom he has had intercourse? The next question being, Do you believe such women necessarily diseased, and, if diseased, are they the subjects of the same disease as that they appear to have produced?—Yes, I believe that only a woman who is the subject of some form of syphilitic disease can give true syphilis to a man. I fully believe that I have seen cases of syphilis acquired from contact with the constitutional or secondary manifestations of the disease. Of course it is very difficult to exclude all sources of error. I know of one instance in which a person acquired syphilis from inoculation with the secretions of a secondary lesion. For the details I would refer to Vol. XLVI. of the *Medico Ch. Trans.* It appears to me next to impossible to account for the propagation and prevalence of syphilis, if only the secretions of the indurated or infecting sore be inoculable; and I believe, from my own limited observations of syphilis in women, that uterine discharges are one of its constitutional manifestations, and I think that these discharges, at any rate, may be a vehicle of the virus.

181. Do you consider, so far as your means of acquiring information extend, that the venereal disease prevails as largely in the army now as at the time you entered it, or say, ten years ago?—My opportunities for studying the disease are very different now from what they were in Malta. Nine or ten years ago there were a number of recruits and young soldiers stationed in Malta, *en route* for the Crimea, and they often contracted a disease corresponding very much to Mr. Skey's "Venerola." During the greater part of my service in the Mediterranean, we rarely saw the indurated form of sore, unless it was landed there; nor, indeed, did we see the local soft ulcer often. Gonorrhœas were more frequent. Within six

months after landing at Portsmouth the indurated chancre was common enough. *Dr. Marston.* 16 Dec. 1864.

182. To what do you attribute the great variety of the common sore in Malta, and the preponderance of hard sores in Portsmouth?—The venerola was perhaps a form of soft sore; it was a little pus discharging ulcer upon a small elevation, as far as I can remember. This was in 1856. After that venereal disorders were uncommon. The women were under police surveillance, and they were extremely careful to avoid diseased men. When the police regulations ceased to be enforced, venereal diseases began to be prevalent in Malta; and it was similar at Gibraltar. Now, as there was promiscuous intercourse extending over many years without the appearance of the syphilitic sore in Malta, and as this disease was common enough among our men within six months after landing at Portsmouth, I can only regard the preponderance of hard sores as due to a something specific—the syphilitic virus, which did not exist among the women at Malta.

183. Do you think that a man cannot have a hard chancre twice in his life?—I think that he does not. Mistakes are sometimes made with respect to hard chancres. A man goes out with an induration, and he may come in again with fresh ulceration; he may be put under the care of another medical officer, and he would call it an indurated sore; it would look like syphilis twice, whereas it was the same induration ulcerating afresh. Again, I have seen sores like chancres appear on the penis as a secondary phenomenon, although this is not noticed in books. A man does not have true syphilis twice, according to my experience.

184. That is to say, if the man had entirely got rid of the first sore with its induration, and had absolutely gone through the secondary stage, and recovered, that man would be exempt from a return of the true syphilis?—I have not been able to trace a repetition of the disease in the same individual in my own experience, although I have tried to do so; chancre, with modified characters, I have. The immunity will be the same in this disease as in any other, relative not absolute; for instance, in scarlet fever, or in small-pox, he may have such a disease twice, but the rule is that he does not.

185. Have you any suggestions to make to the Committee, with a view to diminish or to arrest the progress—I mean, of course, measures of a preventive nature—of venereal diseases?—It is an extremely difficult question; the amount of good to be derived from the operation of the Contagious Diseases Bill will soon be determined. There are many difficulties connected with its application here which do not exist within the limited areas of small garrison towns abroad; still, I anticipate very favourable results. Among the main causes of the excess of venereal diseases in the army may be mentioned:—the class of men from whom the service is recruited; their enforced celibacy; the monotonous nature of the soldier's duties; the demoralizing tendencies of a barrack life (a soldier is almost never alone); the low class of pot-houses and prostitutes in garrison towns; the relative or entire absence of other healthy and rational amusements (*entirely under the management of the non-commissioned officers and soldiers themselves*, but subject, of course, to the inspection of officers as required). Some of these are not at all, and some are to a great extent, remediable. I think two measures perhaps are worthy of the consideration of this Commission: 1st. The introduction of more baths in the barracks, and some means of ablution attached to the guard rooms, to

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which the men may proceed or be conducted on entry into barracks. The 2nd requires much more hesitation and consideration. It is, that when a soldier shall have caused the loss of his services to the Government *beyond a certain limit* by diseases *clearly* within his own control, he should forfeit some part of his daily pay during his detention in hospital. The regular hospital-goers are the most frequent subjects of punishment also. A soldier whilst in hospital with such a disease pays no more than another suffering from one the direct result of the execution of his duties. For every day so spent, duties are escaped, which fall upon the other and effective men, upon whom therefore, practically, the burden falls. It sometimes happens, also, that a soldier, by means of such a disease, is enabled to escape some punishment awarded to him at a date prior to its appearance. I would never allow a man to escape any part of his punishment by his admission into hospital, except under circumstances certified to by the Medical Officer. The suggestion about the soldier's forfeiture of any part of his pay is open to many objections I am well aware.

Dr. Balfour.—186. Do you ever find the two kinds of sores—the infecting sore and the non-infecting sore—to co-exist in the same patient?—Yes; all three diseases may co-exist in the same patient—gonorrhœa, soft sore, and hard sore.

187. Do you believe the sores in such cases to be the product of the same virus—or, in other words, do you think that inoculation with the matter of the infecting sore, can produce a non-infecting sore, and *vice versâ*?—I believe not. I consider them to be perfectly separate and distinct.

188. You believe, whatever produces the two sores, that they are distinct and not interchangeable?—Not interchangeable.

189. Do you believe it to be the practice in the army to administer mercury in all cases of venereal sores?—Certainly not; and I believe I may say that—in Portsmouth, at all events,—there is great care and discrimination exercised in the administration of mercury.

190. Have you ever seen in the army any of those cases which are alleged to have been caused by the indiscriminate, excessive, or injudicious use of mercury?—No, I have not. I have never met with any of those very bad effects which are described in the books.

191. You have stated already that you tabulated all the sores on the genitals as Syphilis Primaria. Was that in consequence of the order that was issued to adopt Farr's nomenclature and classification?—Yes; it was merely in consequence of that order.

192. But there has been no special order with reference to syphilis more than any other disease?—No.

Mr. Quain.—193. What is the common interval, so far as you can judge from your experience, between the exposure to the source of disease and the appearance of the local manifestation?—It is different in the two forms of sore. In the first, the non-infecting or soft sore, it is less than seven days. In the other, it is usually above seven days; and I think I may say that it is very frequently considerably longer.

194. What is the longest interval of which you have had any good evidence?—Fifty-six days.

195. Was that in a case that you could rely upon, or that came actually within your own knowledge?—I think that the honesty and good faith of the patient were to be relied upon; but it did not actually come within my own observation.

196. Have you known an instance in which a month has elapsed?— I have had it frequently stated to me by soldiers and others that a month's interval had elapsed between the exposure to and the appearance of the disease. *Dr. Marston.* 16 Dec. 1864.

197. What interval is there commonly between the disease upon the genitals and the general disease in the system?—From forty to sixty days, I think, there will be some appearances indicative of constitutional symptoms, or of secondary manifestations.

198. You say that the usual period is from forty to sixty days?—Yes, and almost always within three or four months. I ought to add, perhaps, that I include among the so-called secondary symptoms anæmia, malaise, muscular pains, enlargement of the cervical glands, with or without an affection of the skin and throat.

199. What is the longest period that you have ever known?—Now that I have studied this subject very much more attentively, I think that the very long periods of interval are not to be relied upon; for instance, in looking over the medical history sheets I have found that a soldier has had a long interval between the dates of his primary and secondary disease; but, upon questioning him closely, I have frequently found that he had suffered from some manifestations. In other cases I think it very likely that the earlier manifestations were not observed, as men often deny having a rash when there are marks of syphilitic erythema on the trunk.

200. Can you fix a time after which you think a person would be likely to have entire immunity from the constitutional disease?—I should be unwilling to say, because there are great differences in different cases—the disease being so much more severe and protracted in some. Under ordinary circumstances I should not prevent a man's marrying if he had not exhibited any symptoms for at least one year, and three had passed since he contracted the disease.

201. Have you seen syphilis or constitutional disease arise after a mere excoriation on the penis as the only local phenomenon?—Yes.

202. Have you seen syphilis arise when a person had no local disease except gonorrhœa, or what appeared to be gonorrhœa?—Yes; what appeared to be gonorrhœa—symptoms clinically identical with gonorrhœa.

203. Was there any possibility of distinguishing that gonorrhœa, by anything local about the urethra, from the ordinary gonorrhœa?—Our attention was not called to the subject until the occurrence of the secondary disease perhaps, and, therefore, I cannot give a positive answer. I have seen syphilitic manifestations after urethral discharges, which I thought gonorrhœa.

204. Have you ever seen a case in which the glands of the system became affected without any local disease of any kind on the penis?—Without any that I could find, and I have had positive assurances from the men that they never had any; but I do not say that they were to be relied upon. I saw a case of that kind the other day; there were secondaries, but we could trace no primary lesion.

205. Have you seen more than one example in which you believed that that occurred?—I have occasionally seen soldiers presenting an enlarged chain of glands and syphilitic manifestations, and failed to discover any cicatrix of a sore, or get the history of one. This has happened three or four times. There are many sources of error, however.

206. With regard to treatment, do you know of any kind of "abortive"

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treatment for a primary infecting sore which is likely to be useful—by the excision of it, or otherwise?—I reserve my opinion as to whether there be any time at which you can excise or destroy the syphilitic sore so as to prevent secondaries; at the same time I think it would be well to do so, and for this reason, that, the longer the sore lasts, the more influence it may have on the disease, for something may be generated in the sore which may be absorbed. I cannot say positively that excision at any stage would prevent secondaries.

207. Is constitutional treatment for the primary sore, in your opinion, likely to be beneficial in hindering secondaries, or in expediting the cure of the original sore, say by mercury?—I think that mercury tends to dissipate the induration more quickly than any other remedy, but it frequently fails in that. I do not think that it exerts any influence in preventing secondary phenomena. I think it very frequently postpones their appearance—occasionally, I ought to say—and I think it modifies their course. I believe that it sometimes prevents the ordinary manifestations of the disease on the skin, and so on; but I think that there is this sort of thing connected with mercury,—that a patient may be as anæmic looking, and as much out of health, without those manifestations appearing, as if he had taken no mercury, and perhaps more so.

208. In your opinion, is mercury more useful in any one kind of secondary affection than in another?—Yes; I think that there are certain forms and stages of the disease to which mercury is particularly applicable—the scaly syphilis with iritis, the papulous form, if chronic in character, and certain forms of ulceration which are rare and difficult to describe, and syphilitic orchitis is one form which yields more than another to mercury. Again, I believe it to be the most reliable agent for preventing the transmission of the disease to the wife and offspring.

209. To what extent has mercury, in your practice and experience, been usually carried?—Until the symptoms of the disease yield, or until some physiological action of the mineral is obtained, and they refuse to yield—for instance, a slight affection of the gums, very slight though, or mercurial fetor in the breath, but we never salivate—we find that the symptoms yield before that.

210. Have you seen any other medicine besides mercury used with advantage as a constitutional remedy?—For what stages of the disease?

211. For the constitutional syphilis,—the eruption on the skin, the enlarged glands, &c.?—I think that the manifestations of syphilis may disappear under a variety of remedies; but some of them refuse to do so under the use of anything but mercury, according to my experience.

212. Have you used mercury and iodide of potassium together or separately?—Sometimes separately; very frequently together.

213. Have you any idea that iodide of potassium eliminates the mercury?—I suppose that it does; but iodide of potassium seems to be of little or no use excepting in the tertiary stages.

214. You have mentioned something about climate:—will you state to the Committee what your experience has been of the effects of climate upon constitutional syphilis?—Extremes of heat and cold seem to be equally bad, moist heat particularly. A warm and moist climate produces anæmia and debility, and prevents the use of mercury and lowering medicines; and, besides that, warm climates very likely engender other diseases, such as remittent or other fevers, various kinds of anæmia and rheumatism,

and so on, and these, when engrafted upon syphilis, render the patient cachectic, and difficult of cure. *Dr. Marston* 16 Dec. 1864

215. Of what climates have you had experience:—in which you have observed the results you have now stated?—Of the climate of Malta during the warmer months there, I think that constitutional syphilis is very difficult of cure, and also in England during the extreme cold there are rheumatic appearances with syphilis, and the symptoms are no doubt worse then. My observation of invalid soldiers and officers from India, &c., has led me to similar conclusions.

216. With regard to prophylactic treatment: do you know of any that would be useful—cleanliness, for example?—That is very important, but it is difficult with soldiers to carry out, for you cannot get them to adopt the measures that you recommend; for instance, a man goes into a barrack when he is the worse for liquor or when he is tired, and the great difficulty is to induce the men to do anything. I believe, however, that the present Act, from what I have heard of it, will effect a good deal of good.

217. From the experience you have had in Malta, that is the opinion you have formed?—Yes; although I cannot fail to perceive that there will be very many difficulties in applying an Act of that kind to large places like Portsmouth, which of course is very different from Malta.

Dr. Wilks.—218. With regard to induration, you appear to think that it is characteristic—the cartilaginous hardness?—Yes, I think it is characteristic. I think that there is almost invariably characteristic hardening either in the chancre, glands, or cicatrix.

219. When you see that, you expect secondaries to follow?—Yes.

220. Would not that rather raise a doubt as to the treatment, that is, trying to cut out the chancre?—Yes; and I have already stated that I wished to reserve my opinion as to the excision of the chancre.

221. You think that if you once see a characteristic sore, it is too late for local treatment?—I do. I regard the induration as a sign that the constitution is involved, and I expect the subsequent manifestations to appear. I have not tried excision often enough to give an opinion; but I have used strong caustics very freely at early stages, and I have seen secondaries afterwards.

222. If you recognise what you call a characteristic sore, it is, in your opinion, too late for local treatment?—If there is induration in chancre and glands, it is too late for local treatment; if the glands are not affected, I cannot speak so positively.

223. But you look upon induration as the first constitutional sign?—I think so; given induration, I suspect that it goes on.

224. All local treatment ought to be at a previous stage to that, if the virus is to be destroyed?—Yes, I think so; but induration sometimes does not appear until a late date, and I think the early destruction of all sores a good rule, where you can do it. When there is induration in chancre and glands, it is certainly too late.

Mr. Quain.—225. Will you state the effect of structure on the character of the sore: say, the glans, the prepuce, or other part?—The induration is best marked about the fossa glandis, and the inner aspect of the prepuce. It is rarely, if ever seen, on the glans itself; and it is very frequently absent or modified upon the external skin of the penis. In these last the pigmental darkening about the cicatrix, and the state of the lymphatic vessels or glans, denote their nature.

226. Then you would say that a sore without induration on the glans

Dr. Marston. penis might be infecting or might not?—Certainly, it might be the one or the other.

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227. Can you distinguish between an induration from structure and one from the characteristic virus, or might an ordinary sore be indurated upon the prepuce?—Yes, it might; but that induration either would not remain for any period of time, or affect the glands.

Chairman.—228. Suppose the sore attacks the frenum, would there not be induration of the frenum?—Yes, you would have induration of the frenum.

Dr. Wilks.—229. Is it your opinion that iodide of potassium acts better in tertiary cases where mercury has been previously given?—I have not sufficient data upon that subject to express an opinion.

Mr. Cock.—230. Do you think that syphilis can be produced spontaneously, or, in other words, whether in healthy persons any amount of promiscuous intercourse, accompanied with uncleanliness, debauchery, and intemperance, could produce syphilis, independently of infection?—That is an extremely difficult question to answer; but my opinion is that it could no more be produced than a new plant or animal.

231. Have you seen secondary symptoms follow gonorrhœa?—I have seen secondary symptoms follow an urethral discharge, apparently identical with gonorrhœa.

232. Have you not occasionally found persons stating to you that they had gonorrhœa upon them, and when you came to examine them you found that there was a secretion, or a moisture proceeding from the urethra, and have you not found what appeared to be a syphilitic sore just at the lips of the urethra, extending a short way inwards?—Yes, I have seen such cases; they are not uncommon.

Mr. Quain.—233. But that is not your gonorrhœa case?—No.

Mr. Cock.—234. Do you not think that that is a mistaken case?—Yes, I do not think that gonorrhœa gives rise to syphilis.

Dr. Babington.—235. Are the secondary symptoms which you have observed after gonorrhœa the same, or are they not more like an efflorescence on the surface?—They are such exactly as I should have seen, as far as I know, after syphilis. I believe they were really chancres with some modification; the erosion might be very slight.

236. Have you observed syphilis to be more difficult of cure in scrofulous persons?—I think so; a combination of scrofula and syphilis is formidable.

237. Lasting sometimes for years?—Yes, undoubtedly.

Mr. Cock.—238. Can you state whether the peculiar formation of the genital organs does not very much contribute towards the contracting of sores, whether they be syphilitic sores, or sores of any other kind?—No doubt of it.

239. For instance, in a state of semi-phimosis, the frenum being remarkably short, would not that very much contribute towards it?—I think so. I think, in fact, that the more the parts admit of the retention of secretions, the more likely, as a matter of course, a person would be to contract a sore.

The witness withdrew.

APPENDIX.

No. 1.

Appendix to Dr. Marston's evidence, referred to at page 21.

INFORMATION compiled from the Medical History Sheets and other documents of five batteries, 6th Brigade, Royal Artillery, Portsmouth. *Dr. Marston.*

16 Dec. 1864.

The average strength is about 520 men. From September 1861 to December 1864, there have been admitted into hospital—

Cases of soft or non-infecting sores, 162; followed by secondaries, 1 case. Cases of sores of doubtful character, 21; followed by secondaries, 10 cases. Cases of infecting sores, 64; followed by secondaries, 57 cases.

The terms used in the above classification are to be understood thus:—Ulcers possessing the characters of "soft sores" *throughout their course*, not complicated with, nor followed by specific induration at the seat of the sore, the neighbouring lymphatic glands or ducts—compose the first. Where the character of the affection was not noted, or where a query follows the word "syphilis," "infecting," "non-infecting," &c., the sores are classified as "doubtful;" and the last comprehends the true syphilitic sores, wherein induration was present, either in the chancre, its cicatrix, the lymphatic glands or vessels, or where the infecting chancre complicated, or directly followed, soft sores.

No. 2.

6th Brigade Royal Artillery.

TABLE showing Admissions for Venereal Diseases.

Dates.	Average Annual Strength.	Venereal Ulcers.	Gonorrhœa.	Syphilis Second.	Phimoses.	Bubo.	Gonorrhœa Orchitis.	Syphilitic Iritis.	Total.
From Sept. to Dec. 1861..	1,162	68	119	7	..	12	2	..	208
„ Jan. to Dec. 1862 ..	1,158	147	162	93	3	40	7	4	456
„ Jan. to Dec. 1863 ..	1,070	143	195	81	..	26	4	3	452
„ Jan. to Sept. 1864..	565*	40	46	36	1	15	2	2	142
Total	..	398	522	217	4	93	15	9	1,258

* These numbers include the Portsmouth portion of the Brigade only.

The 6th Brigade has furnished men to Portsmouth, Gosport, Isle of Wight, Channel Islands, and Hurst Castle, during the periods included in the Return.

Tuesday, 3rd January, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Thomas Longmore, Esqre. (Professor of Military Surgery at the Army Medical School, Netley), examined.

Mr. Longmore. 3 Jan. 1865.

240. *Chairman.* Have you seen the pamphlet of Dr. Macloughlin, on the subject of syphilis?—I have; Dr. Macloughlin sent me his pamphlets successively.

241. You are familiar, therefore, with his opinions upon syphilis, and I may ask of you, do you approve them and adopt them?—Certainly not

242. Do you approve the division of sores into the infecting and non-infecting?—Yes, I approve of the division of sores into non-infecting and infecting sores.

243. Do you limit the infecting sores to such as are accompanied by thickening or induration?—As a general rule I do.

244. Are you familiar with a class of sores destitute of hardness, followed by secondary constitutional disease?—I have seen secondary symptoms follow sores in which I had not observed hardness.

245. Do you class them under the title of "syphilis?"—My opinion very strongly is, that the term "syphilis" should be restricted entirely to those sores which are followed by secondary symptoms, or in other words, those sores which do infect the constitution, whether accompanied by perceptible local hardness or not.

246. Whether placed upon a hard basis or not?—Whether placed upon a hard basis or not.

247. With regard to the phagedenic sore, will you state what is the character of the secondary disease: the eruption, the sore throat, &c.? Is it not in its primary form more or less active, and destructive of the involved tissue—destroying, I mean, a considerable part of the glans penis, and often attended with hemorrhage?—I have not had any phagedenic sore under my care at home for years. I hardly think that I have seen any since I have been in the service at home—not since I was at Guy's, but much of my time has been passed abroad In India I have seen it frequently, where its action has been exceedingly rapid, leading to the rapid loss of the glans and profuse hemorrhage.

248. Do you consider such sores as those the product of a poison, competent by itself to produce them, or as dependent on peculiarity of constitution, whether strumous or cachectic, or otherwise debilitated?—I have looked upon them not as a necessary consequence of the specific

character of the infecting poison, but rather as the effect of a poison acting on constitutions, especially such as those I speak of in India, debilitated by the effects of a tropical climate, and, perhaps, by the habits of the individuals. *Mr. Longmore.* 3 Jan. 1865.

249. Do you employ mercury in the treatment of the disease, either in its primary or secondary forms?—Never.

250. If not, what principle of treatment do you adopt, and what agents?—Very much the same principle of treatment as would be adopted in a case of hospital gangrene—local applications, particularly of strong nitric acid, I have found to be the most effectual,—at the same time supporting the constitution in every possible way by stimulating and nourishing diet, tonics, and so on.

251. What proportion of primary venereal sores come within the definition of indurated sores, as far as your observation has gone?—That is a question as to which I have hardly had sufficient general observation to found any statement of my own upon.

252. The cases which have come under your observation have not been sufficiently numerous to enable you to answer the question?—Exactly so; I am hardly prepared to answer that question, and I think that it is a thing which must vary very much, according to the place where the disease is contracted. I think that in one garrison town you find one form of venereal sore prevailing, and in another garrison town another. So in one climate you find one character of syphilis, and in another climate another, and I believe that the proportions of each will be found constantly to vary, according to the station or the climate where the disease is contracted.

253. Do you limit the term "syphilis" to the hard sore?—I apply the term "syphilis" to any sore which produces the specific effect on the constitution. I believe that the constitution may be infected without obvious local induration. The lymphatic glands may be indurated, but not the primary lesion, so far as the surgeon can see.

254. With respect to this hard sore, have you observed that the character of hardness varies very considerably in different cases?—My own impression is, that the hardness of the specific sore when it exists under ordinary circumstances is characteristic. The defined abrupt termination of the hardness, in fact the character which is usually described as distinguishing the hardness of the specific sore, is that from which my experience has usually led me to suppose it to be the sore from which I might expect secondary symptoms; it is not the diffused hardness which is the result of simple inflammatory action around a sore.

255. That is very important, but you have hardly answered my question. Are there not different degrees of hardness in what you would term the hard sore, and from which you would expect secondary eruptions, taking it in the form of what may be called thickening, where, as I can myself testify, two surgeons have differed as to the existence or non-existence of hardness up to the cartilaginiform induration, as described by Mr. Hunter?—My own impression is, that the hardness of the specific sore, and upon which I should depend, is peculiarly an almost cartilaginous hardness. I am not aware of varying degrees of hardness which I could myself distinguish as characteristic of infecting sores.

256. May not the term "thickening" be applied to a large number of these sores, as expressing something less dense and hard than the word "induration" conveys to the mind of the pathologist?—I should say not in infecting sores.

257. Am I to infer from your statement that you recognise a softer

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form of thickening, but believe that it does not affect the constitution?—If I found in a given case a softer form of thickening around a sore I should then presume that it was not likely to prove to be an infecting sore.

258. It is not the thickening of inflammation, but the deposit peculiar to the sore to which I allude. Am I to understand you to say that in that case where there is thickening co-existent, and, possibly, prior in formation to the ulcer, unless it is decidedly hard you would not expect it to affect the constitution?—That is my impression. But no case has come to my notice in which such thickening as you describe has existed prior to the formation of the non-infecting ulcer. When a pimple precedes an infecting sore, I believe it will always be found to be decidedly hard.

259. Have you not frequently heard a difference of opinion expressed by surgeons in consultation, or otherwise, as to whether induration was really present or not; and do you not in truth yourself occasionally share this difficulty, throwing your diagnosis on future events?—I have constantly experienced a difference of opinion with others, and a difficulty in my own mind as to whether the hardness was the hardness of inflammatory action, or the hardness of the specific sore, but I explain that by supposing that the inflammatory hardness in some cases approaches very closely to the hardness of the specific sore.

260. Then you have no doubt in a case of positive induration, that secondary symptoms are liable to occur, and probably will occur?—If I had a sore before me with that characteristic of induration, I should expect that secondary symptoms would follow, and that the constitution was already affected, but I would not give a decided opinion without observing other signs, and knowing the whole history of the case, as far as I could obtain it.

261. When you meet with that soft thickening, as I have called it for want of a better name, you are on the whole prone to attribute it to an ordinary inflammatory condition rather than to a specific deposit?—Yes.

262. Are there not a large number of cases of primary sore based on simple thickening which fall short of Mr. Hunter's description of induration?—Yes; but as far as Mr. Hunter's description of induration goes, I still think that that is characteristic of a specific infecting sore.

263. Where it exists?—Where it exists.

264. The question which I put to you is, does it often exist, does the severe induration of Mr. Hunter often exist?—It does, or what I consider to be the degree of thickening which Mr. Hunter intended to convey by his description.

265. Are you acquainted with Mr. Abernethy's work? Have you ever read his paper upon Pseudo-Syphilis?—Not as far as I remember.

266. You have not it in your mind?—No.

267. You probably read it early?—I may have done so years ago.

268. It is a very curious fact in the history of this thickening matter, that Mr. Abernethy was the contemporary and the great admirer of Mr. Hunter, and that he was also an accurate observer and an especial student of this disease, as I can testify from my personal knowledge of him. How can you account for the extreme uncertainty and difficulty of Mr. Abernethy's diagnosis in a multitude of cases, as to whether they were or were not syphilitic, although Mr. Hunter's book lay open before him?—I think that there are a great number of cases in which you have a hardening where you cannot say that it is a diagnostic hardening. I think that in many sores you have hardening almost as great as you have

in the true infecting sore, but produced by inflammatory and other irritation. I have seen the irritation of clothes rubbing on a sore lead to a hardness, which if you had that alone as a guide would prevent anyone from saying, I think, whether it was an infecting or a non-infecting sore. *Mr. Longmore.* 3 Jan. 1865.

269. The question is not so much as to the size, or the hardness alone, but that it is in the specific sore what it is not in inflammation, because in the inflammatory condition it is diffused, in the specific induration it is perfectly abrupt. Mr. Hunter says so?—That is the rule, but the hardness is also sometimes abrupt where it is the result of simple irritation, or inflammatory action around a sore. In some cases, I think more especially perhaps from the application of caustics, especially in the form of nitrate of silver, which have been applied to a sore, or from the continued rubbing of clothes, you occasionally have as the result a hardness so nearly approaching in character to the hardness which is the result of a specific deposit, that I do not think that anyone would take upon himself in those cases to say, without other signs and a very clear history, that this is an infecting sore, and that a non-infecting sore.

270. At all events you do not take cognisance of a form of thickening of which one surgeon will say, "Here is thickening," and another will say, "Here is not thickening?"—No, as far as my experience goes, I think not. If I understand the question rightly, it is as to the presence of a thickening or not, and not as to the source or nature of it.

271. Not as to the source or nature of it, but as to its actual existence?—I do not recall any such instance.

272. Mr. Hunter restricted the term "syphilis" to a sore based on induration, taking no cognisance of the various degrees of hardness, while Mr. Abernethy who followed him, making the distinction between the two varieties, applies the term "pseudo-syphilis" where the hardness is slight, and treats it without mercury. Do you consider that Mr. Hunter included under the term "syphilis" all venereal sores based upon a deposit, whether moderately hard, yet comparatively soft in one extreme, to true cartilaginiform induration in the other; and what term would he apply to the class of soft sores without any deposit, capable of producing every variety of secondary eruption?—I will not make myself responsible for what Mr. Hunter would call a soft sore.

273. In your large experience, have you seen many examples of venereal sores based on true cartilaginiform induration, and which when seated on the inner fold of the prepuce causes it when withdrawn to fall over in a mass or lump; you are familiar with that I dare say?—I am.

274. Have you seen in any place any large proportion of those true cartilaginiform cases which Mr. Hunter describes, and which have been described as though a piece of cartilage was put in under the skin?—I have seen a great many of them.

275. Is this form of disease invariably accompanied by an ulcer on the surface, or may it not lead on to secondary affections without any ulceration?—It may do so without any ulceration. I have seen such cases without any visible ulceration.

276. What is the character of the ulcer when it exists; is it excavated, and does it secrete pus?—I should say that its general character is one of inactivity; there is a superficial erosion and very little discharge from it; it is not rough and not granular, it is glazed on its surface, as it were; its general character is one of inactivity, as if this induration were cutting off the supply of blood from the sore surface.

277. Is it as though you took a knife and shaved off a part of the surface?—Yes. There is a flat spread hardness beneath, but with

Mr. Longmore. defined limited edges, very similar to the expression which has been used, as if a piece of cartilage were put under the skin, while the surface appears bared, but hardly to the full thickness of the integument.

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278. Does it secrete pus?—Not unless an irritant is applied to its surface.

279. Does it secrete anything?—If such an ulcer be left to itself there might be, as far as the eye was concerned, a scanty discharge of ichorous fluid, certainly nothing like pus.

280. Have you seen secondary eruption follow this deposit without any form of ulceration on the surface?—I have.

281. Have you observed a difference between the secondary affections of the true indurated sore and those following pseudo-induration, or simple thickening?—Pseudo-induration I look upon as mere inflammatory thickening.

282. Then, your answer to the question whether you have seen any difference in the secondary eruption would be, I presume, that you have seen a very great difference?—I should not expect to find the secondary eruption from pseudo-induration.

283. Have you observed whether the secondary affections following the sore based on true induration are more or less severe, and more or less tractable than the other variety?—My answer to that question would necessarily follow from my reply to the preceding one, that I have not.

284. Including the entire class of cases based on deposit more or less hard, do you, as a rule, employ mercury, either local or through the constitution, for the primary treatment of the sores?—Not for the primary treatment; I have given that up for years.

285. What is your reason for relinquishing it?—It is, that I have been taught by experience not to believe that the development of secondary symptoms is prevented by giving mercury, and my impression is, that the secondary symptoms are more tractable, if it be not given for the treatment of the primary sore.

286. You think that the secondary symptoms are more tractable where mercury has not been employed?—I think so.

287. Do you consider treatment by mercury capable either of healing the primary sore, or of preventing or postponing the secondary affections?—It may postpone the secondary affections; I think that it modifies the secondary affections in several ways, and among others, in the way of postponement, but it will not prevent them.

288. That is to say, supposing that a man with an ulcer based upon true induration is treated by mercury, and that mercurial treatment is continued until the induration is entirely absorbed; am I to understand you in that case to say, that though it may protract, it will not prevent the occurrence of secondary affections?—My impression is that the constitutional administration of mercury in the treatment of the primary sore will not prevent the development of secondary symptoms; and I further believe that it will frequently so influence the state of all the organs of a patient as to lead to an increased severity of the secondary lesions.

289. Are you of opinion that Mr. Hunter's book is a safe guide to place in the hands of a young practitioner?—I think that since Mr. Hunter's time knowledge has so much increased that it is no longer a safe guide to place in the hands of a young practitioner.

290. Do you employ mercurial agency in the treatment of the secondary affections, as a rule?—As a rule, I do.

291. To what extent?—By no means to the extent to which it used

to be formerly employed, but varying its use very much according to symptoms. I employ it very moderately and gradually: chiefly now in the form of the calomel vapour-bath.

292. What effect is produced on the constitution at the point where you would say, "I go no further?"—If I saw the gums affected, or smelt the characteristic fetor of the breath, I should at once stop, and diminish the frequency with which the vapour-bath was used, and so gradually lessen its use. I would not wait even for these signs of the constitutional action of mercury before lessening its use, if the secondary symptoms were previously decidedly yielding.

293. I think that we are all familiar with the fact, that the first influence of mercury on the gums is manifested by a red line which runs along the junction of the gums to the teeth; do you mean that you continue the use of mercury until it produces that effect, or until the gums become swollen, and the breath is positively affected?—I am satisfied by the most moderate effect; directly I find that the constitutional effect of mercury is at all manifest, I diminish its use.

294. Have you formed any opinion as to the *modus operandi* of mercury, and its influence on venereal poison? Do you consider it as a direct antidote to the poison, or indirect by its influence on the constitution, setting up as it were a state of antagonism to the venereal action?—Indirect; not as a specific remedy. As the first secondary symptoms usually are in the skin and the mucous membrane, I look upon them as showing an effort of nature to eliminate the poison from the constitution through those channels, and I think that one of the advantages of the mercurial vapour bath is, that you not only use the mercury as an eliminating medicine, but that you act at the same time by its means on the skin, and in that way assist the effort which nature appears to be making to get rid of the poison. It is chiefly as an eliminating remedy that I think mercury should be used.

295. Do you believe that any advantage is obtained from what is termed a full mercurial course, pushed on to ptyalism?—No, I do not believe that any advantage is obtained from it.

296. You would, I presume, consider such an administration of mercury as exercising a debilitating influence upon the system?—Decidedly.

297. And do you usually combine tonics and nutritious food with the employment of mercury?—Nutritious food.

298. Do you give iron?—Some of the men that we get as military invalids from India and elsewhere, come so broken down from climate, and from various other circumstances, that we are obliged to give them tonics, including iron, and support of all kinds at once; but in the case of an otherwise healthy person, I think that I prefer at first using the mercury alone to the extent before mentioned.

299. Have you had many opportunities of tracing venereal disease from the soldier to the person of the woman with whom he has had intercourse?—No, I have not—never to make any scientific examination. In India we trace it so far as simply removing the cause from the station—removing the woman.

300. Have you ascertained that the woman was the subject of the same disease, or of any other variety of disease, or of no apparent disease at all?—I can only answer that question generally, inasmuch as it has never been my duty to examine, nor have I had an opportunity of examining the women themselves; but inasmuch as I know that in one garrison I have found the men coming into the hospital with a certain

Mr. Longmore. kind of sore prevailing among them, and that I have found these same men at another garrison coming in with a sore of a different character, I have presumed that they had been differently infected—that the secretion or the poison at the source whence they had contracted the disease was different.

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301. With respect to gonorrhea, is there any difference, so far as you know, in the character of the pus, or in the other concomitant symptoms, between a gonorrhea obtained from intercourse with a woman having catamenial discharge, and any other case of gonorrhea obtained from impure intercourse?—So far as I positively know, I cannot answer the question; I can only say that in a case of gonorrhea of a slight nature coming into hospital where a certain remedy has been administered, and the case has got rapidly well, as compared with another case which has been very obstinate, although treated in the same manner. I have usually regarded the one as having been contracted probably from the catamenial or leucorrheal discharge, while I have looked upon the other as resulting from the man having been affected by specific gonorrheal discharge from the female: that has been my usual impression.

302. Did it ever strike you that gonorrhea and the simple, soft chancre, the common Venerola of Evans, were products of the same kind of poison?—I regard the poison of true gonorrhea, and of all varieties of chancres, as distinct, and consequently, that each disease is unable to propagate the other. I have seen urethritis evidently excited by sores within the urethra. I have thus seen a discharge which simulated gonorrhœa produced by simple chancres.

303. Equally copious?—Not equally copious, nor extending so far along the urethra. The discharge is neither so copious, nor does it extend so far along the urethra as in the true gonorrhea, nor are any of the symptoms so severe.

304. We frequently find the soft sore multiple in character, especially when they occupy the anterior margin of the prepuce. Have you ever seen the indurated chancre multiple in character?—Not truly so. I have seen an indurated chancre on the glans, for example, near the corona, and one or more sores on the corresponding part, or near to it, of the prepuce.

305. The underfold of it?—The underfold of it; but I have looked upon those sores as consequential to the specific sore, and not as so many specific sores.

306. You would not say that we could see what used to be called the Hunterian chancre multiple?—No, I should say not.

307. Whereas you must be familiar with three or more soft wart-like growths of the simple non-infecting sore?—Yes, fungating sores.

308. Do you believe that gonorrhea can affect the constitution, especially with symptoms of articular rheumatism?—I do.

309. That is to say gonorrhea obtained from impure intercourse?—Yes.

310. Have you ever ascertained on enquiry the history of such cases, and are you aware whether there do not exist some features in the disease called gonorrheal rheumatism, especially in reference to the length of time that elapses between the intercourse and the date of the first indication of the disease, which warrant a doubt of the soundness of the pathology commonly adopted?—I can hardly answer that question satisfactorily on account of the great difficulty which there always is in getting at the true history of these cases, the histories are so little reliable; but the symptoms which follow gonorrhea in some persons are so charac-

teristic, especially those affecting the fibrous tissues of the body, that I cannot help concluding the disease to be not simply local, but to be also constitutional in its nature. Its constitutional nature appears to be only manifested when the system of the patient is also favourable for developing it. *Mr. Longmore.* 3 Jan. 1865.

311. Have you any belief in a doctrine once commonly received, that syphilis was introduced into Europe in the 15th century? May not all forms and varieties of venereal disease have been coeval with the world, or going back to the early periods of the world?—I have never been able to satisfy my mind in reading the history of syphilis, that that was the first appearance of syphilis, and I have always been inclined to believe that it was more its prevalence, and its aggravation from the circumstances under which the people were congregated in the army at that time, which led to notice being drawn to it, more markedly than it ever had been before.

312. You are aware of the subject which the Government has had in view in the present commission. Can you make any suggestion as to the best mode of advancing this desirable end, namely, that of diminishing the liability to the spread of venereal disease?—I think that the Government has taken a very right step lately in placing restrictions on prostitution at certain garrisons where troops are congregated, and especially, where there has been satisfactory proof given of a woman being diseased, in legalising the power of removing her to a place where she can be treated properly.

313. That is subjecting the women of the town to a surveillance, and putting them under physical restrictions when necessary?—Certainly.

314. Do you see anything short of that. Is there anything short of that which would do?—Not that I know of. I do not understand why a woman who plies a trade which is dangerous to others, should not be as much restrained as what attention has been lately attracted to, namely, the carrying of gunpowder down the river. It seems to me that one is plying a dangerous trade just as much as the other, and should be equally subjected to what restrictions are considered necessary.

315. *Dr. Balfour.* You have stated the characteristic of the sore which is followed by constitutional symptoms, to be hardness. Do not you frequently find sores upon the glans which have no hard base, but which are still followed by constitutional symptoms?—Not frequently.

316. But occasionally?—Occasionally I do.

317. Would you have any means of diagnosing these sores, from a simple non-infecting sore?—Chiefly by the history, and the course of the disease, especially the time of its appearance after connection. If I could get at the truth when the pimple or the sore first appeared, I should greatly rely, in forming a diagnosis, on the fact of its not having appeared for some time beyond a week and within three weeks after connection.

318. Do you consider the condition of the glands of the groin to be characteristic of the infecting, or non-infecting sore?—I do, I may say generally.

319. What do you consider to be the distinguishing mark in the infecting sore?—Generally the enlargement of the glands without any pain, the peculiar nut-like feel, and the inactive character of the enlargement. I also take into account the state of other lymphatic glands. I almost always examine the glands of the back of the neck particularly. The other sore has a tendency to induce active inflammation, and suppurative action,

Mr. Longmore. 320. Do you ever find the two forms of sore, the hard sore and the non-infecting sore, to co-exist in the same patient?—Yes, I have done so certainly.

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321. Do you believe them in such cases to have been the product of the same virus, or, in other words, do you think that inoculation with the matter of the infecting sore can produce the non-infecting sore, and *vice versâ*?—I can scarcely answer that question. I have seen a hard sore in one place, in the corona glandis, for example, lead to a soft sore on the lining of the prepuce opposite to it, as an effect of contact.

322. Do you believe it to be the practice in the army to give mercury in all cases of venereal sores?—No, I am sure that it is not, and I wish particularly to allude to that point. I have brought a paper in reference to the subject, which I should like to lay before the Committee. Of course the medical officers of the army have felt very strongly the injustice of Dr. Macloughlin's published statements upon the matter. In the first place, my answer to the question is, that it is not true that mercury is given indiscriminately to all sores on the genitals. Dr. Macloughlin's remark is, that "the army medical officers would not go on as they are now going on considering every ulcer on the genitals as syphilitic, and to be treated only by mercury." I believe that Dr. Macloughlin has had no recent experience of the treatment of this disease in the army, but that his experience was about forty-five years ago. Now, I took out of an old letter-book of that date, of forty-five years ago, a document which will perhaps interest the Committee on the questions which I have been asked, and which will show that even then the army medical officers did not treat every ulcer upon the genitals by mercury. This paper shows the result of treating 1,940 cases without mercury, and of treating 2,827 cases with mercury in the course of two years by army medical officers in Great Britain, in the years 1817 and 1818, at a time when mercury was almost universally given in civil practice. Perhaps it may not be irrelevant before Dr. Babington to mention what Mr. Bransby Cooper told me, that he remembered the time at Guy's Hospital when every case of gonorrhea and every case of sore whatsoever on the genitals, was treated by mercury as a matter of course.

323. *Mr. Quain.* And without the direction of the surgeon. Sir Astley Cooper has stated that in his lectures?—I do not remember Mr. Cooper mentioning that. I thought that it was on the Hunterian doctrine of the unity of the poisons. History sufficiently points out that it was army medical officers who chiefly drew attention in Great Britain to the practice of treatment without mercury, especially Dr. Thomson, the Professor of Military Surgery at Edinburgh, Mr. Rose, and others. But this is a curious document, which may not have been noted. It is a document emanating from the Department and signed by Sir James McGrigor and Dr. Franklin, who then formed the Board representing the present Director General of the Department. I will leave this document with the Committee. It is dated April 1819, and shows the result of treatment during the years 1817 and 1818. The remarks on the treatment by mercury by Sir James McGrigor and Dr. Franklin, being the deductions from these cases, are given in this document. It describes the number of secondary symptoms which resulted from the 1,940 cases of ulcerations upon the penis, treated without mercury, and the consequences which followed the treatment of the 2,827 cases with mercury; and it gives the deductions which were drawn from that experience by Sir James McGrigor, and the directions to the medical officers in consequence. I give this document as it is; it has been copied into the letter-

book by a serjeant who was somewhat illiterate as to spelling, but the facts are all there. *Mr. Longmore* 3 Jan. 1865.

The Witness delivered in the same.

324. *Dr. Balfour.* With reference to the prevention of disease, do you consider that there would be much advantage from increasing the means of ablution by the men in barracks, and promoting more cleanliness?—I do, especially at the urinals. I have seen in some urinals a plan adopted by which men can wash the genitals with privacy; I think that in one of the barracks at Plymouth it is so; and I think that it would be a great advantage if the plan were universally adopted, for it is a very difficult thing at present for a man to wash his private parts when no such arrangement exists.

325. *Chairman.* In public?—In public; but at the urinals by a small flow of water being directed to the centre of the urinal; the ablution is very easily done perfectly privately, and the resulting cleanliness would certainly be very useful. Then, I think that the weekly inspections are very advantageous. I know that there is a difference of feeling about them—some persons slurring over them, and some thinking that they are rather degrading, but my own impression is very strongly that such weekly inspections of the men are very useful, and that they ought to be made very carefully. In fact, I know that I have constantly myself detected sores for which the men would not have come to hospital for treatment if they had not been seen.

326. *Dr. Donnet.* Among the cases of phagedena which you have observed in India, do you think that any of them had been induced by a preceding mercurial treatment?—Not as a rule. It might have been so in some cases where mercury had been taken for other diseases, but not for the particular case of sore in which phagedena occurred; I am sure, not in my experience.

327. At what period of the disease are men generally admitted into Netley Hospital?—Netley Hospital is intended for the invalids of the army, and, therefore, those invalids would only be admitted in the advanced stages of syphilis; but there are a certain number of attendants at the hospital, men of the Army Hospital Corps, among whom occasionally we have, of course, primary syphilis, and during some sessions of the Army Medical School there have been primary cases of syphilis sent from neighbouring garrisons, for the observation of the candidates going through the course of instruction there, so that the majority are cases in an advanced stage, but there are some in the primary.

327*. Do you believe that cauterisation can destroy the infecting properties of venereal sores, within a limited number of days after their appearance?—I can only believe that it could destroy the infection at the very earliest period, a period at which it very seldom comes before the notice of the surgeon.

328. The men never present themselves within that limit?—No.

329. Can you suggest any measures to induce the soldier to present himself for treatment as soon as he observes the first appearance of the disease?—In some regiments the medical officers by talking to the men try to induce them to come as early as possible. There are perhaps causes which may to some extent prevent men from coming so early sometimes as they might do; but I do not know that any other steps could be adopted beyond those which are taken by regulation as regards the weekly inspections of the men in order to detect disease, and the instructions of the medical officer. A man is liable to be punished for concealing disease when the concealment is discovered. It has always been the

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rule that when a man does not report himself at first, his name may be sent before the commanding officer, who may punish him for the neglect.

330. Do you consider that the mercurial vapour-bath answers all the purposes for bringing the constitution gradually under the influence of this remedy?—That might imply that I considered that there was a specific action on the part of the mercury, which I have ceased to consider.

331. But, as far as the use of mercury goes, do you consider that the mercurial vapour-bath answers all the purposes to which I have alluded?—I do; I find it answer.

332. Ought it to supersede the internal administration of mercury?—I think that the cases do better without the mercury being given internally; you avoid the disturbance of the stomach, and of the digestion.

333. *Chairman.* Do you think that it is less debilitating in its influence?—That I cannot say, because it is not pushed to an extent such as would debilitate the system in either case, whether administered internally or externally.

334. *Dr. Donnet.* Do you think that climate has any influence in modifying the disease as you observed it in India?—I do, certainly, especially with regard to the secondary symptoms. By far the worst cases which we have are those of men who have been debilitated by tropical service—in fact, those are the cases which form our fatal cases of syphilis at Netley, and are the cases in which we find most extensive internal lesions.

335. *Mr. Quain.* As regards induration: in your experience does the structure of the part give a difference between sores as to induration?—It does; that is to say that on the dorsum of the penis, or on the prepuce of the penis, the induration is generally more distinctly marked than it frequently is, on the glans, for example.

336. In your opinion, might a simple excoriation or erosion without hardness be followed by constitutional syphilis?—I think not.

337. Then, am I to understand that in every case in which constitutional syphilis arises, you believe that there has been a previous local induration?—I believe that every true primary syphilitic lesion is preceded or accompanied by induration, more or less extensive, although, for instance, phagedena may be set up, or there may be other circumstances which prevent it from being obvious at the time the sore is brought to the notice of the surgeon. The early specific deposit may disappear, but the indurated lymphatic glands will enough indicate its having existed.

338. What is the interval in your experience between the exposure of contagion, and the occurrence of the disease on the genitals?—It is so difficult a matter to obtain true answers to those questions, that I have seldom been able to place any reliance on them. Generally the men themselves do not know; they are not able to give you an answer.

339. Is there any difference, as far as your experience goes, between the interval in the soft sore, and in the indurated sore, of which you have spoken?—Yes, decidedly.

340. There is a considerable difference in the interval?—There is a considerable difference.

341. Have you any experience of what is called the abortive treatment for this disease,—anticipating the general constitutional affection in an infecting sore, or preventing a naturally contagious soft sore from following its course. I allude to treatment for converting a venereal sore on the genitals into a common sore?—I have occasionally applied nitric acid, with the idea of effecting such a conversion, but I have come to the

opinion that it is of no use so far as destroying the poison of an infecting sore.

342. Even at the earliest period?—Even at the earliest period at which the hardness is visible, because I look upon the hardness as in itself an indication of the constitution being affected.

343. Do you or not believe that there is any interval between the first local appearance after exposure to contagion and the hardness of an infecting sore?—I do.

344. Then do you believe that if the abortive treatment was used at that period, it might be successful?—It is possible that it might, but you do not get cases during that interval.

345. You have stated, I think, that you have seen the hardness of a local disease without ulceration, followed by constitutional syphilis?—I have.

346. Do you believe that in that case the local hardness on the genitals had never had any ulceration upon it?—I should explain it by the probable existence of some minute opening or fissure which had absorbed the poison, and that this fissure had healed before the specific deposit had taken place. I have no means of explaining otherwise the fact that I have had brought to me a hardness where I was told that there had been no ulcer, and where there was no evidence of it to the eye, which has been followed by secondary symptoms.

347. You have mentioned the enlargement of the glands of the back of the neck as being an assistance in discriminating?—I believe it to be so.

348. Do you mean a hardness of the glands existing without or with any eruption upon the head, or any part of the body above those glands?—My habit is, if I have a sore which I suspect to be infecting, to feel the glands at the back of the neck, and I have occasionally, before the secondary symptoms appeared, and without any eruption on the head, felt those glands enlarged, and that has made me almost positive that there would be the secondary symptoms.

349. Then the induration of the glands preceded any cutaneous affection?—Yes.

350. As regards treatment, have you any experience of the treatment of constitutional syphilis without mercury?—For the whole period of secondary syphilis, do you mean?

351. Have you any experience of any other medicine being used extensively, and not mercury, in what are called secondary symptoms, or constitutional syphilis?—If I understand the question to imply that the use of mercury formed no part whatever of the course of treatment of the secondary symptoms, I have not.

352. Have you ever witnessed a case of constitutional syphilis occurring twice in the same person?—I have never satisfied myself that I have. I cannot quote any case in my recollection. I do not think that it occurs twice, excepting as small-pox may occur twice, in which case I should look upon it as an exception to the rule.

353. As regards the phagedenic disease which has been mentioned, have you seen secondary syphilis occur after the phagedenic disease, or with it?—Yes, I have seen it with it.

354. Have you seen it also without it?—Yes, generally without it.

355. Then would you assume in that case, that the phagedena commenced with the soft chancre in the one case, and with the infecting chancre in the other case?—I should presume so.

356. So that the phagedena may or may not be accompanied with secondary or constitutional disease?—It may or may not.

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357. What, in your experience, is the usual interval between the occurrence of the primary disease, and of the more general constitutional disease?—I can hardly give the average; it is a matter of two to four weeks, but I have no records to enable me to give the average.

358. What is the longest period which you have ever known in an authentic case, as far as you can remember, between the occurrence of the primary disease and the occurrence of the constitutional disease?—There was one case of an officer in my regiment who had secondary symptoms at a period of four months after a sore, and he was under the impression that he had had no disease in the interval; but the difficulty is to get at the absolute truth in such matters. That is the longest case which I have in my recollection, and in that case I was in doubt whether one was really the cause and the other the effect—whether the first had been the infecting sore to the secondary disease or not.

359. Have you observed syphilis in newly born children?—I have seen one or two cases only in my service.

360. In those cases had you an opportunity of examining both parents, and questioning them about it?—Yes, both parents.

361. Were they both free from any appearance of the disease, or had they at the time some constitutional syphilis?—In one case which I more particularly recollect at this moment, the father had had syphilis in India, and had been invalided for it, and was apparently well when he married.

362. What space of time intervened?—He married about a year after he left India, invalided for secondary symptoms, but I did not see him at the time of his marriage; he left me to go home from India. Subsequently I saw the parents at Chatham, and they brought me this child with what was supposed to be itch, but it was evidently a mixture of the itch and secondary syphilis.

363. Could you give me any idea of the probable condition of that parent at the time when he was married?—He was apparently free from disease.

364. *Mr. Cock.* As to the mercurial treatment, do you think that mercurial vapour is better than the inunction of mercurial ointment? Would you prefer one to the other?—I would prefer the vapour, because I think that the action of the heat, and the moisture upon the skin, is an advantage combined with the actual advantages of the mercurial remedy.

365. You think that the contact of the vapour with the skin is as efficient as the rubbing in of the ointment?—I do think so.

366. Do not you consider that the peculiar formation of the genital organs, differing in different men as to their size, and more especially as to the length of the prepuce, and as to the shortness of the frenum, in many cases rendering the act of intercourse difficult, and more especially I would say, a state of phimosis, or rather of semi-phimosis, which allows the prepuce to be drawn back under certain circumstances, but which refuses to let the prepuce back when the organ is expanded, is a very fertile source of sores when certain sores are of the specific character?—I do, undoubtedly; because I constantly know men in the regiment who either from thinness of the integument, or from some other causes, such as you mention, are much more liable to get disease than other men.

367. Would there be any difficulty in advising that to be remedied so as for the parts to be put in a more serviceable state; do you think that that could be carried out in the case of soldiers and sailors? Would there be any difficulty, for instance, in taking off a very long prepuce, or in dividing a frenum which is preternaturally short, and is rather in the

way of sexual intercourse, or in doing what might put the parts in a more efficient state, and render them less liable to receive injury? I refer to the case of healthy men. It is allowed, I believe, that inspection takes place?—Yes.

368. Would there be any difficulty in inducing men who were in that state to submit to the remedies to which private patients constantly submit?—No, because I have done it several times myself, when men have been in hospital for treatment of disease resulting from such causes; and I have explained to the men that I have done it in order to prevent the lodgment of dirt under the foreskin, and the consequent liability to sores.

369. We all know that the Jews are not liable to a hundred different accidents which many other people are?—Undoubtedly. If circumcision could be generally practised there is no doubt that there would be greater cleanliness, and greater immunity from disease.

370. A modification of it might be adopted with great advantage?—Yes; as for instance, under the circumstances which I have previously explained.

371. *Dr. Babington.* How long do you continue the modified or mild treatment of secondary syphilis, in a general way? what is your criterion for believing the cure to be complete?—If the treatment be employed in the early stage of the symptoms, which are generally the cuticular symptoms, the treatment is regulated by the gradual fading of the eruption, by it getting duller in colour, and so disappearing; and if the eruption returns, or fresh spots appear, then the mercury is repeated.

372. When the eruption has faded, do you consider it enough, or do you go on for some time afterwards?—If I saw that the eruption had faded, and that the slight indications of the mercury having produced a general effect were still persistent, I should then resort to other remedies, especially iron in some of its forms, which I have found very useful, and would continue the use of them until the patient was quite restored to health.

373. Some writers talk of going on for six months or a year in keeping up the mild action of mercury; that is not your practice?—I am quite unacquainted with it.

374. You have said that men in different garrisons present different forms of disease?—I have observed such differences prevailing.

375. In what respect different?—I see one form and site of sore prevailing in one place, and another in another.

376. What form?—At one place perhaps a number of our men come in with an indurated irregular sore on the dorsum of the penis of no decided character indicative of its infecting quality or otherwise; perhaps it is of a mixed nature; at another station, the prevailing sore has more the ordinary character of the true chancre.

377. You have observed a difference in different garrisons?—Yes; and I think that it is a familiar fact among medical officers of the army.

378. Is there any experience in the army of syphilisation as a cure?—None; it has never been adopted in the service; I have never heard of syphilisation having been adopted by any medical officer of the army.

379. By "syphilisation" I mean inoculation from a primary sore, and a re-inoculation every third day with matter from the previous pustules?—Dr. Boeck, of Christiania, a short time ago sent over some very voluminous recent reports of his practice, and those reports were sent down to Netley, calling for a report upon the subject from the Professors of the Army Medical School. Their reply was, that it was

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not a practice to be recommended in the present state of our knowledge; it was a question which had better be left to settle itself; and I am not aware that any army medical officer has ever resorted to that practice.

330. You have given in a document in which there are a vast number of cases treated without mercury, and a vast number treated with mercury, forty-five years ago?—Yes.

381. You did not state the result. Do you happen to recollect what the general result was as to which was the better treatment?—The non-mercurial seemed to be the better treatment.

382. *Dr. Wilks.* With reference to the primary sore, the induration. I think you said that you looked upon the induration as a part of the pathological process of syphilis. But I think that you answered the Chairman that you did not always find it, and you answered Mr. Quain that although that was so, you believed that it always existed. Is that so?—It is so. I can conceive the poison being so rapidly and completely absorbed that there shall be no local manifestation of the lesion at all; but where a syphilitic sore exists, there must have been induration, I believe, at some stage of its existence, even if it is no longer present when examined by the surgeon.

383. You do not recognise a soft sore being followed by secondary symptoms?—No, I do not, if it has been free from induration at all stages of its development.

384. You have said that you have not examined women, but probably you have formed an opinion. Do you think that a woman who has constitutional secondary syphilis would communicate it to a man by excoriation, by a discharge from one to the other?—I can only speak of it from reading, and from examples which I have seen quoted. I suppose that it is capable of being so communicated.

385. Do you think it very probable that a woman who has been a confirmed prostitute for many years has had syphilis at some time or other?—I should think so.

386. She might have constitutional syphilis, which might pass unobserved unless you carefully looked for it?—It might be so.

387. And if so, do you think that it might be a probable mode of contagion?—I should think not a probable mode, although it might be a possible mode.

388. You do not think that it is a common mode?—I think not.

389. *Mr. Cock.* After mercury has been either applied or given internally for a certain time for secondary symptoms, and the secondary eruption has faded under it and lost its specific character, do you find that frequently a sort of stain in the skin will remain, although you may go on giving mercury, and that after a certain period mercury has no effect upon it, and that that stain, with no medicine given at all, will, in the course of a year or so, wear itself out and disappear?—Yes, such stains generally remain, and I do not believe that mercury will remove them.

390. In your treatment you do not take notice of that, and you are guided little by it. You would not give mercury after a certain point, although the eruption had not disappeared?—If there were no fresh spots coming out, and the original eruption had faded to a simple kind of blotch, it would be no indication to me to continue the mercury, because I know that those blotches continue for a year or two.

391. On the legs especially?—Yes.

392. *Chairman.* Supposing that a man presented himself to you with a case of pure syphilitic lepra placed upon the front of the body only, on the chest, and the forehead, and the abdomen, and the genital organs, and

the front of the arms, and not the back of the arms, by what character of primary sore should you think that that had been produced. Should you think that it had been produced by anything remarkable?—I never met with a case of syphilitic eruption confined so exclusively to the front of the body.

393. You do not very often see cases of pure syphilitic lepra?—No.

394. You cannot call to mind that you have ever seen a case of syphilitic lepra affecting the whole body?—Without being able to call any particular case to my mind, I should have answered that I had seen general lepra modified, if not produced as a secondary eruption.

395. In the treatment of secondary sores by mercury, do you attach importance to the rapidity, or to the torpidity of its effect?—I think that the protracted treatment is better; it is I think desirable that the mercurial treatment should be attended with rather a slow action; in that way I imagine that its effects would be more complete.

396. *Mr. Spencer Smith.* You have spoken with regard to prevention; you have spoken of a woman who plies the trade of a prostitute as an offender against society. Do you look upon her as such?—Not as an offender against general society exactly, but as a person who is pursuing a dangerous calling.

397. And therefore, it would be as wise and just to interfere with her as with any one else who does the same thing?—As with anyone else who pursues a calling which is dangerous to others.

398. You would not call her a public offender?—No, not in one sense, because no one need go to her unless he chooses.

399. Not even in a garrison town, a common prostitute?—I call a woman certainly so far a public offender who offends public decency in the street, as some women do in London, and as others do in another way, about barracks by entrapping men who perhaps do not wish to have anything to do with them, and laying hold of them and importuning them.

400. Do you think it wise and just to interfere with such persons?—I do; I not only think that it is wise and just, but I think that it is a duty to interfere with them.

401. I am referring to the Act of Parliament for the Prevention of Contagious Diseases. You think that it is wise and prudent to interfere, in order to put a check, if possible, upon syphilis, in some way or other?—Yes; if I understand the Act aright, it applies only to women who are diseased or suspected of being diseased.

402. But you may suspect every prostitute who walks the streets—you have a right to suspect her of being diseased?—If I understand the clauses of the Act aright, there must be some positive grounds for suspecting her. A man must be diseased, and state that such a woman diseased him.

403. You think it wise and prudent to take some measures of the kind—some actual interference with the prostitute, in order to arrest syphilis, if possible?—I do, and more than that, I think it a duty on the part of the Government to do so.

404. Putting out of mind any difficulties which you know to be in the way in barracks and so on, would it be desirable that there should be more married men with regard to this question; if there were more married men, would it diminish syphilis?—If there were more married men, it would undoubtedly diminish syphilis, but then that is a question which involves finance.

405. You think that if more men in the Army could conveniently

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406. And in proportion to the expenditure of money?—Yes.

407. There would be the difficulties of accommodation, and other expenses attached to it?—Yes.

408. There would be no other objection to soldiers being married?—None whatever that I know of, but the financial difficulty; the difficulty is that the English army is such a moving army.

409. We are not called upon to advise generally, but as to garrison towns?—But a regiment does not remain in a garrison town more than a year or two years.

The witness withdrew.

Friday, 6th January, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair*.
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Perry, Esq. (Surgeon, Royal Artillery), examined.

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410. *Chairman.* Are you acquainted with the opinions of Dr. Macloughlin on the subject of syphilitic disease, and do you or do you not concur in them?—I do not.

411. What do you understand by the word "syphilis?"—I understand by the term "syphilis" a special disease, producing eventually constitutional mischief, obtained by contagion from impure sexual congress.

412. Do you adopt the opinion entertained by some persons as to its introduction into Europe at any given period of history, or may it not have existed from any early period of the world?—I can only judge by the literature upon the subject, and I believe that that literature is true, the same as I believe that other points of historic interest are true also, therefore, I do believe that that disease called true syphilis did make its appearance in Europe at a particular time.

413. I will read to you a paragraph from a book which is known to us all, namely, "*Bumstead, on Venereal Diseases*," the author of which seems to have taken a good deal of trouble in ransacking authorities upon this matter. The following is a brief description of the disease as it presented itself at the period in question, that is to say the last decade of the 15th century. "For instance," he states, "Philip Beroald, who died in 1505, says that he can neither affirm nor deny the truth of the supposition that it has previously existed; all that he knows with certainty is, that this 'French disease, characterised by enormous prominent spots, by pustules, giving the face and body a hideous aspect, sometimes painless, at other times causing the most excruciating suffering in the joints, and depriving

the patient of rest and sleep at night, slowly consumes the body; that it can be cured by no remedy; that it was unknown to his ancestors; that whatever others may name it, he desires to call it *morbum pestiferum diuturnum*; that he prays *Dii, prohibite minas! Dii, talem avertite pestem!* May this disease, more destructive than any pestilence, depart, and return to the gulf of hell, whence it came.'" That is the description given at that period of this particular disease, which is now called "syphilis." I ask you whether you have ever seen in your observation of venereal disease anything corresponding with the description there given?—I have, in a modified degree. I can mention a case with which you are familiar—a case of a man in the 26th Regiment; that man had large blotches and nodules beneath the skin, answering somewhat to the description which you have read. He was all over syphilis—in fact it was a disfigurement apparently from subcutaneous tuberculous deposit.

414. Though you consider syphilis to be specific in its nature, do you believe it impossible that it may be generated by promiscuous intercourse as freely as other varieties of venereal disease are supposed to be, by many authorities?—I do. That is an individual opinion. I think that it requires a special poison to generate it.

415. But can that be made up between parties who have it not?—That lies hidden.

416. You would not like to give a positive opinion upon that question?—No, certainly not.

417. Can you always readily distinguish a case of syphilitic sore from a sore not syphilitic?—I believe that I can, almost invariably, after a sufficient period of observation has been at my disposal.

418. You mean after the deposit has taken place?—Yes; I place the most important reliance upon that; by which you mean, I presume, the induration or thickening. But of course there are various kinds of induration which have to be distinguished one from the other.

419. I will ask you one question with regard to Mr. Hunter, and one only. Do you consider Mr. Hunter's views sound as regards these two elements, first, the necessary presence of great hardness or absolute induration, and secondly, the incurability of syphilis without mercury?—It is a daring assertion for a man in my position to make against Mr. Hunter, but I do not agree with either of them; I do not subscribe to them in their entirety.

420. Do you employ mercury in the treatment of the soft non-infecting chancre?—No.

421. Do you find the hard or infecting chancre invariably placed on a base of absolute induration?—My answer must be qualified according to the question; if you will omit the word "hard," I can answer the question more satisfactorily to myself.

422. Then I will omit it. Do you find the infecting chancre invariably placed on a base of absolute induration?—I do not; neither on a hard base, nor having peripheral hardness. I believe that I am not in accord with many medical men who have paid considerable attention to the matter which we are now considering, because I consider that there is one form of soft sore which is an infecting sore, but which is not necessarily accompanied by induration of any kind whatever. I allude to the large circular sore which is generally situated on the integument of the dorsum of the penis; that sore I believe to be an infecting sore, although the ordinary distinguishing positive evidence of infecting syphilis which is usually accepted now, is absent in the case—I allude to the inoculability of that sore, which is easily self-produced. Although that sore is most frequently of a soft nature from its commencement to its termination, it

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does undoubtedly very frequently take on induration. When it does so, I believe it to be the most infecting sore a man can suffer from.

423. You say that it takes on induration; do you mean to say that it takes on inflammatory action?—No, it is a most chronic process of interstitial deposit of a non-inflammatory character.

424. Then do you consider that thickening to be the specific thickening of syphilis, or is it due to common inflammatory action?—It is due to specific syphilitic action.

425. Do you more frequently see true induration, or what may be termed thickening of the subjacent tissue?—It is very difficult to distinguish between thickening and induration. There is a thickening which appears to be due to mere local inflammatory action, as we have frequently in wounds, and nearly always in ordinary furunculi, or boils—that thickening which is found in ecthyma. The other thickening, the true thickening of syphilis, I believe to be of a special nature.

426. What is the usual character of the sore placed on the induration?—It is irregular in its outline, and only slightly suppurative.

427. Is it excavated?—It varies; it is sometimes excavated; it is sometimes almost on a level with the surrounding epidermis; it is very varied in its outward appearance.

428. What proportion of these so-called indurated sores are followed by secondary disease?—I think that the immunity from true constitutional implication is, without doubt, the exception; the minority is so small as to be hardly accounted a minority—I speak, of course, from my own experience.

429. Should you say, that out of nine cases five would have secondary disease and four not?—I should say that there would be secondary disease in 99 cases out of 100—that is, speaking in general terms, I should say that there would almost invariably be secondary disease.

430. Are there, so far as you have observed, any considerable varieties in the eruptions following sores placed upon a hard base?—Not in the earlier conditions of constitutional disease following those sores; they may, I think, be limited to a very few forms of cutaneous eruption. I would mention, as the most common, a morbilliform rash, or measly eruption, dusky in its colour, and of but little importance in a pathological point of view, save and except as an indication of a special constitutional implication.

431. Do you anticipate any variety in the character of the secondary eruption following a sore based on thickening, and another sore based on true cartilaginiform induration. If there are degrees of hardness, do you see any difference in the secondary disease, following one extreme of hardness and the other extreme?—I am inclined to think that the greater amount of induration there is, the more likelihood there will be of a severity of constitutional symptoms; I differ in this respect, I believe, with many.

432. Do you treat primary sores, based on hardness, with mercury?—I do not; I formerly did; I treated them so for two years, after having been a non-mercurialist for perhaps a period of ten years. I considered it right to test both forms of treatment by my own experience, taking care that no great amount of mischief was produced by the mercury, that it was not carried to such an extent as to be mischievous to the individual; when I say "mischievous," I mean that it did not salivate him to any extent. I found from the result of those two years' treatment of the cases which fell under my special cognisance and treatment, that little or no good was produced by the action of the remedy. I consequently returned to the simple local form of treatment, not relying upon it only,

but occasionally giving such alterative medicines in the course of the primary disease as appeared to me requisite, by which I mean, that when a sore was particularly chronic and indolent in healing, sometimes slight mercurial treatment, would, as it does in many diseases, exercise a very beneficial influence.

433. Have you ever seen a case of syphilitic lepra, and nothing but lepra?—It is not common with us; syphilitic lepra, occurs generally in combination with some other form of the disease—as periostitis, or other kinds of tertiary manifestations.

434. Are you familiar with a sore belonging neither to the class of non-infecting nor to the indurated sore—a sore which spreads by phagedenic action destroying the tissue around it, often with rapidity?—I am well acquainted with that form of sore.

435. Do you call that syphilis?—I do. The sore which I described to you just now as a circular sore on the dorsum of the penis, affecting the integument, is not unlike, in its character, a sore affecting the glans, which sore is of an eroding or phagedenic nature. I believe that the proportion of cases of constitutional syphilis following the eroding or phagedenic sore of the glans without induration, and the proportion of cases following the eroding or phagedenic sore, similarly affecting the dorsum of the penis, are about the same; I believe that they are followed in much the same ratio by the same constitutional effects.

436. What is the character of the enlargement of the groin in true syphilis in the indurated sore?—In the indurated sore the glands are sometimes affected only on one side, though more usually in both, and they appear to take on more the action of induration affecting the local sore, than of induration dependant upon any true inflammatory action. They vary in size from a horsebean to a filbert, are enlarged in a chain, and are not prone to suppuration.

437. What is the character of the glandular enlargement of the groin in the cases which you describe of an eroding sore?—I think that the character of the glandular enlargement in those cases is of a dual nature. I have frequently seen the groins enlarge as they do in the ordinary inflammatory sore; I have seen them also enlarge in that peculiar and chronic form which we find in what is ordinarily termed specific syphilis. I think that both actions may take place in the glands in these cases.

438. You think that there is no rule?—I do not think that there is any. I think that a suppurative action may go on in a gland, which gland is inflamed from the presence of a phagedenic ulcer.

439. There are two very striking features in this sore which dissever it from the true syphilitic chancre of John Hunter. The first is that it has no induration in its primary state, and another pathognomonic sign which has been considered by everybody, is that it does not produce the hard glands in the groin. Is it not so?—I think not. I think that it does produce hard glands in the groin. I now more particularly have in view those sores which attack the integument, and not the mucous membrane, the body of the penis rather than the glans.

440. Does not that sore attack the glans pretty frequently in the army?—Yes; but I find that the inflammation of the glands in the groin following the sore on the glans has more of an inflammatory nature than when it is upon the dorsum of the penis; we may easily distinguish it.

441. Have you found this form of venereal disease amenable to mercury?—I believe that mercury is most mischievous in it, you cannot give a worse thing.

442. Do you consider this disease the product of a poison peculiar to itself, or is it dependent on some modification of the constitution of the

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individual?—You refer to the phagedenic action which we have been considering?

443. Yes?—I think that it is a specific syphilis engrafted on a peculiar diathesis. I do not think that that sore without the special virus of syphilis is capable of producing the mischief which it does, otherwise we might look upon it as a mere ulcer, depending upon a phagedenic action, in any other part of the body; but generally speaking, I think, that phagedena attacking the penis is so complicated with syphilis, as to be part and parcel of the same disease. I think, of course, that a phagedena of the penis may go on as it does elsewhere, to an absolute mortification, without there being any syphilis, but, as a rule, I think that it is dependent upon syphilis, where the constitution of the patient is peculiar.

444. Let us take the three classes of sores, the soft non-infecting, the phagedenic variety characterised by active ulceration without hardness, and the syphilitic sore with hardness. In which of the three, if in either, do you employ mercurial treatment in the primary stage?—In neither. I only speak of my own practice. I do not speak of what I know to be the case elsewhere.

445. Have you had opportunities of seeing, in the practice of others, or have you yourself tried the effect of excising the induration of a sore, taking it out bodily?—I have not only had it in the experience of others, but I have tried it on several occasions myself.

446. What is the result of your experience?—The result is that any local treatment of such a nature is valueless; that is the case even with the entire excision of the local process, before it is a sore. I am speaking of the disease in its initial stage before it becomes a sore. I had a case before it became a sore, while it was merely a papule, in which I excised it to such an extent as to take away a considerable portion of the non-implicated integument, and where I found secondaries follow, at least, where I was informed that secondaries did follow. I did not subsequently see the officer on whom I practised that excision, but it was reported to me that he suffered from secondary syphilis shortly afterwards.

447. Have you ever excised not merely the sore, but the indurated base on which it was placed?—The case to which I now particularly allude, was one where there was induration prior to ulceration.

448. Did you excise the induration with it?—Yes, there was no sore; it was a kind of papular vesicle on an indurated base, or with a peripheral amount of hardness; in fact it was very similar to what is described by Hunter, it was what I should expect to prove the true Hunterian chancre. I excised it, and it was reported to me that the officer had secondary syphilis subsequently.

449. Is that the only case in which you have excised not merely the sore, but the indurated base on which it was placed?—I think that that is the only case in which I could give any satisfactory evidence relative to excision of the induration in that stage. I have most frequently destroyed, perfectly, sores, particularly in their primary stages, with escharotics.

450. With what result?—The results in those cases have been very unsatisfactory; secondaries have followed.

451. Have you ever excised a sore placed upon an indurated base in which secondary disease did not appear?—I cannot bring one to my recollection. We very seldom see them in their initial stages. I have known specific induration take place subsequently in a wound where the whole morbid process had been destroyed by a most powerful escharotic.

452. Do you observe that mercurial treatment employed through the

constitution affords any exemption to your patient from the occurrence of secondary affections, and if any, to what extent?—I hold from my own experience, that mercury constitutionally given, so as to make its presence known by the swelling of the gums, foulness of breath, and mercurial fetor, exercises no influence whatever in preventing the disease of constitutional syphilis.

453. Do you invariably treat secondary affections following the indurated sore, with mercury, and, if so, to what extent do you carry it?—I treat simple constitutional syphilis, by which I mean the ordinary eruptions following hard primary sores, with mercury applied endemically.

454. To what extent?—Hardly to discover it by any of the ordinary tests of a person having been so treated, no ptyalism being produced.

455. Do you employ the iodide of potassium frequently in the treatment of secondary disease?—In my own practice I generally combine iodide of potassium internally, with mercurial treatment externally. I am speaking of the secondary form of the disease. In the tertiary form of the complaint I invariably use iodide of potassium, and in as large doses as I think we are justified in giving, such as from fifteen grains to twenty, three times a day. I have given half a drachm three times a day without producing ptyalism, or coryza.

456. You place great reliance on the influence of iodide of potassium?—Yes, as a medicine.

457. What, in your opinion, would be the result to any given patient, if his disease were left entirely to nature?—I think that in the most simple form which we see of constitutional syphilis, that which is merely manifested by a roseoloid eruption, the patient will get well by very simple treatment indeed. I mean that ordinary tonic treatment will be all he requires.

458. That it will in fact wear out the disease?—Yes, the disease will wear itself out. I think that from remarks which have been made to me by men, they must, subsequently to going out of hospital, after having been treated for primary syphilis, have had constitutional syphilis of a very mild nature, which has not required any treatment whatever for its temporary abrogation.

459. Have you had opportunities of tracing venereal sores to the woman who is supposed to have produced them?—Only in a very imperfect degree, never by a personal examination of the source supposed to be infected. I have frequently in my examination of men found, of course as others have found, that they have been contaminated by the same woman, and even then that the disease from which they suffer is varied in its nature; that one man gets a gonorrhœa, and another gets a syphilis. We are not only speaking now I presume of the true syphilis, but of venereal disease generally. I have known the three forms of the disease occur in the same individual at one and the same period.

460. Obtained from the same woman?—Yes; at least I presume so, from the statement of the individual.

461. *Dr. Balfour.* But knowing the habits of soldiers, do not you think that they are likely to be exposed to more than one source of infection within a very short period?—I do, but I have known a man come into hospital with a fractured leg, and disease making itself apparent some weeks after he had been in hospital, and I think that the man was truthful in his statement that he had no sore whatever when he came in: but this refers more to the period of incubation in the disease.

462. Do you think, considering the habits of soldiers, that you can place reliance upon their statements with reference to the sources of contagion?—Considerable caution is most necessary in inquiry upon such a

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subject, but I think that after a long experience with men of my own brigade I can, not implicitly, but generally, believe the statements which they make to me. I believe that that is so for the simple reason that they consider me more in the light of a medical man than of an officer, because I have endeavoured to impress upon them that my vocation is to cure, and not to punish.

463. (*Chairman.* Has your attention been directed to cases of venereal disease, whether among officers or men, obtained from intercourse with women demonstratively free from actual disease of any kind after examination?—I have not had an opportunity of judging of the women. My experience is insufficient to enable me to answer that question with any degree of certainty.

464. *Dr. Babington.* When syphilis is not treated at all, what is its duration generally, as compared with syphilis which is treated?—Do you mean the primary manifestation of syphilis?

465. No, the secondary form?—I should think, if untreated, when it manifests any degree of severity, it is life long. Sometimes in its simple form it requires but little treatment. When there is any degree of severity about the constitutional manifestation, I then think that that disease is life long, unless proper means are taken for its abrogation.

466. What is the general length of treatment where it is treated. I speak of secondary syphilis, that is to say, constitutional syphilis, how long are men generally in hospital?—I think generally from six weeks to three months; longer of course in particular instances. I am speaking in general terms.

467. *Dr. Balfour.* You have stated that you recognise a soft sore, which is followed by constitutional symptoms. Have you any means of diagnosing between that soft sore and the non-infecting sore?—I have not, except by external observation only; by that I mean that I have no physical process by which I can distinguish that sore from a non-infecting sore. I believe it to be a soft sore of a peculiar nature, closely allied to the hard sore.

468. Do you find any difference in the state of the glands in that soft infecting sore, and in the soft non-infecting sore?—I think that it is more often followed by an inflammatory condition of the glands than the hard infecting sore, but not so often as the non-infecting soft sore.

469. Do you ever find the two kinds of sore, the non-infecting and the infecting, to co-exist in the same patient?—To co-exist in the same patient frequently, but not often attacking the same spot; that is to say, they do not merge the one in the other, except in rare instances.

470. Do you believe these two sores to be the result of two different poisons, or to be capable of being produced by the same poison and interchangeable?—My impression is that they are due to two different kinds of poison, both being specific in their nature, and that they are not interchangeable.

471. Do you believe it to be the practice in the army invariably to give mercury in cases of syphilis, or in all venereal cases?—I do not; I think that mercury as an alterative is not infrequently given in the army, in cases of true indurated sores; but at the same time I know from my own observation, and from lengthened conversations with army medical officers, that mercury is never carried to any extraordinary extent. When I say "extraordinary," I mean that it is never carried to any degree of severity—that is to say, its manifestations are not anything like so severe as they were in former days; just the slightest affection of the gum, perhaps, may take place, and I am perfectly willing to admit that I

myself see no absolute reason why it should not be given in such a modified degree.

472. Have you ever seen in the army any of those cases which are alleged to have been caused by the indiscriminate, excessive, or injudicious use of mercury?—Never.

473. With reference to the prevention of venereal disease, have you any special suggestions to make to the Committee?—It is a very long subject, but I have most special reasons for pressing on the Committee my individual ideas upon the subject. I believe that the only way to eradicate, or I would rather say mitigate the disease, is by legislative enactment. When I arrived at Malta, in the year 1856, I found venereal disease at a minimum. Whenever a man contracted venereal disease of any kind, he was made immediately to report the circumstance to the police authorities, he was sent in fact from hospital to the police, for the purpose of identifying the woman from whom he had contracted the disease. The women of the town having been informed that, as they were British subjects, they had no necessity to yield themselves to this restriction, refused to succumb to it. The consequence was that venereal disease, from being at a minimum, in the course of three or four months arrived at a maximum. I among other medical officers, impressed as far as lay in my power on the notice of the authorities the necessity of re-instituting the police restriction. The appearances of the hospital wards, as far as related to venereal complaints, soon bore a strict comparison with those at the home stations; there was little or no difference between them. The disease was rampant, and after a considerable time had elapsed, so badly was it found to exist, that the enactment was revived, and the disease stayed.

474. Do you consider that it would tend much to reduce the amount of venereal in the army if additional means of ablution were provided for the men in barracks, so as to enable them to cultivate cleanliness?—I do not think so, unless that ablution was made compulsory.

475. Do you think that they would not be disposed to take advantage of it if it were merely placed within their reach, unless a certain amount of compulsion were employed?—I think that if you had hot and cold water laid on to every barrack-room, and a place therein where a man could wash himself after connection, many would take advantage of it; but at the present time the men have the means at their disposal of cleansing their persons perfectly, by going a little way out of their road for the purpose, but they do not avail themselves of such.

476. *Chairman.* In private?—Yes, in private, in the ablution-room; the ablution-room is open at all hours, or at least should be in all well ordered barracks.

477. *Dr. Balfour.* Have you ever seen any of the taps fitted up at the urinals for the purpose in any of the barracks?—I have not.

478. Do you think that that would be a practicable mode of obtaining greater cleanliness among the men?—I think that it would be one means, and an advisable one to adopt, because some men are desirous of escaping the disease, if possible; others care little or nothing about it.

479. *Mr. Cock.* How far do you think that it is possible to institute a regular personal examination of the men, and how often could it be practically done?—I do not think that the system is practicable at all, and I will give you the reasons in a few words why I do not think so. When I joined my regiment, I knew nothing at all about military inspections for the discovery of venereal affection, and I was told to go down to a certain room, where I should find some men for inspection. On asking what that inspection meant, I was told that I, as a medical officer,

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had to examine the men for venereal disease. I went to that room, and I found a number of men, perhaps nearly 1,500, drawn up on the outside in the parade, and I had to examine those 1,500 men, one by one, for the discovery of venereal complaints. The men were marched in, one after the other, with their clothes unbuttoned, each man exposing his person prior to reaching the medical officer, as it was absolutely unavoidable that such should be the case, and they were so filed in front of me. I arrested them one after the other, and examined them for the detection of the complaint. I can assure you that I left that room with feelings of the deepest degradation. I considered that my professional status was altogether sacrificed, so much so, that I rued the day on which I had entered the service. I thought that I was placed in an utterly false position as a gentleman and as a medical man. I believe that that feeling is existent in the minds of all gentlemen; I cannot believe it to be, otherwise, but at the same time I am perfectly open to allow that if you choose to sacrifice the "amour-propre" of the medical officers, and the morale of the men, the inspection may have some good effect, always presuming that that duty is carried out in its integrity. When I say that it might be beneficial, I mean that it might be the means of in some degree mitigating or modifying the dissemination of syphilis. But at the same time, as we ought chiefly, I think, to consider the individual soldier, I do think that the inspections are of little or of no good in that point of view, because when a man has contracted syphilis, it matters little or nothing to that individual whether or not the disease is discovered in its primary stage, or I would almost say in any stage at all. It will run its course; it may be very slightly modified by treatment, but it cannot be eradicated. Therefore it is a question of considerable doubt to me whether the good of such inspections would not in the long run be far inferior to the long train of evils induced. You cannot make any other than medical men perform that duty, unless you organise, as is the case in India, and I believe in some continental armies, a staff of men intermediate between the non-commissioned officer and the surgeon. Any man is as well able to distinguish whether an individual has an abrasion, a sore, or any ordinary lesion in fact, of his genital organs, as the best educated medical man that exists.

481. It was rather with that view that I put the question, whether cleanliness could not be enforced without making the medical officer exactly the agent for doing it, for I think that cleanliness is such a very important thing. I have known men have sloughing sores without having had a woman at all, merely from their nasty, beastly habits?—I have on some occasions advocated that view, but I have been told that my views were utopian.

482. You find, I suppose, that some men are much more liable to contract, I will not say syphilis, but excoriations, and sores, and lesions, than others, either on account of their size, or from some deformity, such as phimosis, or that narrow state of the prepuce which renders it more liable to receive injury in sexual intercourse, or sometimes from the shortness of the frenum and other causes. Would it be practicable to remedy those defects, as we do in the case of private patients? When a man is found to have one of those deformities, or one of those abnormal formations which are easily remedied, it could not be enforced, I suppose; but could not he be advised to have the remedy applied?—It is frequently advised; it is invariably advised by myself wherever it comes before my notice.

483. There is no difficulty in it in private practice?—None; but soldiers I must say, are very much disinclined to anything in the shape of circumcision.

484. But there are other modifications which are not very severe, but which are advised?—Yes; it has been very frequently done, and I think is done as often as the individual can be induced to submit to it.

485. Do you consider the peculiarity of the secretion of a sore as rather an important matter in diagnosing the character of a sore?—I do not believe, from long personal experience, that any amount of reliance can be placed on that circumstance, for I have myself microscopically examined the secretions from all kinds of sores; and although, doubtless, we find in the ordinary suppurating sore a very large amount of pus elements, yet in the hard sore we find also elements so closely approaching them in appearance that it is very difficult to tell the difference—I mean, as is I think pretty tolerably well known, that the difficulty of distinguishing pus from some of the other forms of cell-growth is a great one; in fact, it has been considered that pus is a form of epithelium. At the same time the infecting sore appears to the unassisted eye to secrete only a glairy moisture.

486. *Dr. Donnet.* Do you know what feeling prevails among soldiers generally with regard to the Contagious Diseases Prevention Act?—I do not; it has not been sufficiently long in operation for me to draw any conclusion from it.

487. *Mr. Quain.* What, in your experience, is the common time which elapses between the exposure to the contagion and the occurrence of the local appearances?—Fourteen days.

488. Is that the time with different kinds of sores, or is there any difference?—I thought that you were speaking of syphilis particularly: I think that the soft sore may be produced immediately—that is to say, an abrasion of the cuticle takes place, and a soft sore is the immediate result. The ordinary time of the incubation of a soft sore, judging from my enquiries of the men, and taking that for what it is worth, is, that it is very quick in its advent after connection—that from three days to a week elapses.

489. And how long a period elapses in the other sore?—A very doubtful period.

490. Above that time?—Yes.

491. You have stated that you have excised indurations on the genitals with and without ulceration; have you ever used escharotics or practised excision when there was no induration?—Never. I do not think that it would be justifiable to do so, knowing what I do of the characters of syphilis.

492. Is the soft sore, of which you have spoken, a contagious sore?—The soft sore is highly contagious. I may mention that I have had a lengthened series of observations of inoculation from those sores—I speak of soft sores generally in relation to your question; but all kinds of sores have been exhaustively proved by inoculation, in my practice, with benefit certainly to my own experience and knowledge of syphilis as a disease, and as corroborative of the views of those medical men who hold that venereal poisons are divisible into constitutionally and locally infecting agents.

493. I speak of the soft chancre, which is not an infecting chancre; have you used escharotics or practised excision for that?—Certainly not; I should consider it most unjustifiable.

494. What are the consequences of that sore to the person?—Local, and non-constitutional, save and except from the ordinary anæmic debility, induced by a long continuance under medical treatment in hospital and elsewhere.

495. Is that sore liable to be extended beyond the place on which it

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forms by self-inoculation—that is to say, by the sore extending to some excoriated place near it?—Most certainly.

496. Is it followed by suppurating glands in the groin?—It is so, very commonly, in one or both groins.

497. Would it be an advantage to hinder that by the use of an escharotic—the abortive treatment, as it is called?—I think not. I think that such treatment would only make matters worse. The soldier has a very high opinion of the value of his suppurating bubo, although that opinion is based upon false reasoning.

498. But I do not know whether his employers would have the same opinion?—Not exactly; he believes that it is a method of eliminating the venereal disease. He has no objection, I have found in a lengthened course of experiments by inoculation, to inoculation being practised upon him as often as the medical officer feels inclined, because he believes that the pus so secreted is the venereal poison exuding from his body.

499. Is the matter of that bubo in the groin which accompanies a soft sore likely to remain longer than a common bubo arising from common inflammation, as a wound of the toe, in consequence of the nature of the pus?—I think it is.

500. You mentioned that a certain soft sore on the dorsum of the penis was followed by constitutional syphilis; have you seen constitutional syphilis follow from a mere excoriation upon the genitals?—Not without subsequent induration following that erosion or abrasion.

501. Was it an eroding sore of which you spoke, or a phagedenic sore?—The eroding sore which I spoke of as affecting the integument of the dorsum of the penis is not so eroding as the sore attacking the glans; the sore attacking the glans is a much truer phagedenic sore than is the one on the integument.

502. It destroys more rapidly?—Yes. I use the term "phagedenic sore" as applied to the one on the external surface of the penis, because it extends rapidly, although it does not put on that extraordinary unhealthy aspect which the one on the glans so very frequently does; still I consider them to be of the same character.

503. Is that eroding sore upon the glans, which is followed by constitutional symptoms, accompanied at any period by hardness?—It is sometimes, but not generally.

504. Will it affect the system without any induration?—I think it may, but not certainly so.

505. Would you use mercury for the constitutional symptoms which appear after that eroding or phagedenic sore of the glans penis?—I should; for the simple reason, that I believe that if mercury is very carefully administered, and its effects are narrowly watched, it will not do any mischief. At the same time I am most perfectly ready to allow that I should be excessively cautious in giving mercury in a case where that eroding condition had gone on to any extent; I should more rely upon tonic treatment generally, and the careful use of iodide of potassium.

506. What is the common time between the appearance of the primary sore and of the constitutional symptoms?—The one very frequently follows the other. Before the sore is healed the patient will be suffering under constitutional syphilis, as evidenced by maculæ on the skin.

507. What is the time, as to weeks, do you suppose?—Commonly a month or six weeks.

508. Have you seen any cases treated altogether without mercury; I mean of constitutional syphilis?—I have treated some few cases without

mercury; that is what my observation previously given was founded upon. I believe that if you give them a little tonic medicine they may by and by require mercury, but they possibly may not.

509. To get well?—Yes, as far as my recollection enables me to judge; I cannot give official record, I think of those cases; I speak to the best of my belief.

510. Do you know anything of the health of the soldiers after the subsidence of all appearance of the disease, and after they have been sent to duty; have you observed it?—It very frequently happens that men suffering under simple forms of constitutional syphilis, such, for instance, as mere cutaneous eruption, are cured, say within a month, and that they are discharged to their duty, but they very frequently return with symptoms of a different character to what they had when they were previously in hospital.

511. Symptoms of the same disease?—Symptoms of the same disease. Over and over again we have cases in our official records of the re-admission of men for the same disease.

512. Were those persons treated by mercury?—They were treated by mercury; but apparently the mercury produced such beneficial effects as to warrant the surgeon in considering that the disease was, if not cured, at least stayed, and that the patient would be far better at his work, where he reaped the benefit of fresh air and healthy duty than he would be if he was submitted to a longer course of treatment in the wards of an hospital.

513. Were those persons, when they returned, in good health and strength, independently of the constitutional disease?—The majority of the men were, as far as their general health was concerned, in a satisfactory condition.

514. Able to do the work of soldiers?—Able to do the work of soldiers; I allude to many of them; but at the same time they had the manifestations of the disease upon them which warranted their re-admission for further treatment. I am speaking now particularly of those men who had been previously treated by mercury for secondary manifestations.

515. Have you known the disease to recur again and again in soldiers treated with mercury?—It is, I should say, a most common occurrence for soldiers treated with mercury in the secondary forms of the disease to apply for re-admission, and for it to be found that the disease has not been entirely eradicated by their previous treatment.

516. *Chairman.* Then that is from the same disease?—Yes.

517. *Mr. Quain.* Have you ever known the case of a person who has twice got the constitutional disease from contagion?—I have not; but I have very frequently had men come to me with what appeared at first sight to be a primary infecting sore, and on examination of those men orally, and also from reference to the official records in their particular instances, I have discovered that they had previously had infecting disease. On further enquiry, however, it has almost invariably been the case that the disease for which they then applied for admission has been a sore, or, at all events, an ulceration existent on the seat of an original primary infecting disease — that the disease then seemed to be the breaking-out of an old sore rather than a new one having taken place.

518. Was that again followed by constitutional symptoms?—Not more so than in any other cases which I have observed. The man most likely has had secondary disease of some form or another previously to his applying for admission for this second attack, and the disease has then

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been considered by me to be of a secondary nature, and of a secondary nature only, requiring special treatment by the use of mercury.

519. Do you believe that to be the recurrence of an old disease, or a new constitutional disease?—I believe it to be the recurrence of an old disease. I have had cases under my own treatment which, had I not watched them from the commencement, I should have said were most assuredly cases of the primary disease re-attacking a man.

520. A newly-acquired disease?—A newly-acquired disease. I should have said so had I not watched them; but, having watched them, I have felt perfectly satisfied that they were a secondary form of disease.

521. A relapse of the previous disease?—Yes. I allude now to a cutaneous tubercle taking on ulcerative action, and having an indurated basis, or to the breaking up anew of an old cicatrix of a previously infecting sore.

522. On the genitals?—On the genitals, and on the body elsewhere, as regards the tubercle.

523. Have you noticed the health of children the offspring of a soldier, who had had syphilis?—Frequently.

524. Who was free from syphilis at the time when he was married?—I cannot say that.

525. To appearance?—To appearance, yes.

526. He was apparently free?—He was so apparently.

527. What has been your observation as to those children?—That they have been undoubtedly affected by their father, although he was apparently cured.

528. Was that invariably the case, or in some cases. Were the children of all the soldiers cured of syphilis so affected after marriage?—No, it is only the exception. I believe that a person may be so perfectly cured by treatment, that his progeny in a short time may be free from disease. I have known cases of married men in my own brigade getting infected children, they having previously had syphilis, but being apparently free from the disease.

529. After what lapse of time do you think that there would be an immunity in the man's children from such disease, as far as he was concerned?—I should say two years. I would not give my medical consent to any man marrying if he had within two years suffered from infecting syphilis.

530. *Mr. Spencer Smith.* If I understand you rightly, though you have objections to the frequent examination of the men by the medical officers, you would have none to their being examined by other officers, such as you have mentioned?—I think that if an examination is very carefully conducted such a course may be occasionally advisable, although there are grave objections to be urged against it.

531. Do you think that it might be done by other persons?—Only by persons especially appointed for that particular purpose. By some one medically connected with the hospital. Such inspections, however, should be only occasional, as the self-respect of the men would otherwise be placed in jeopardy, as well as that of the examining official.

532. *Cæteris paribus* you think that it might be done by others?—I think that it might be done by others, but not as a routine duty on any account whatever.

533. You have no objection to its being done by others, provided it could be properly done?—Just so, but those others must be people especially appointed for the purpose.

534. Have you traced any connexion between the general habits of particular individual soldiers, such as drunkenness, &c., and their prone-

ness to syphilis?—I think that the greatest drunkard has the greatest immunity from the acquirement of syphilis, for this reason, that he is contented with his one vice. *Mr. Perry.* 6 Jan. 1865.

535. Then you do not consider that drunkenness leads to syphilis?—Yes, I do. I think that drunkenness leads to syphilis, but I was speaking of great drunkenness. I consider that dissipation generally leads to syphilis.

536. With regard to the Contagious Diseases Act, am I to understand you to consider the interference with prostitutes a wise and just measure?—I think it is, but I do not think that it goes one tithe far enough.

537. *Chairman.* Do you think it desirable to push mercurial action rapidly, or to obtain its influence slowly?—Slowly.

The witness withdrew.

Friday, 13th January, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Walter Dickson, Esqre., M.D. (Medical Inspector of Customs), examined.

538. *Chairman.* Will you state your position and rank as regards the profession to which you belong?—I am a surgeon in the Royal Navy; I am also Medical Inspector of Customs. *Dr. Dickson, R.N.* 13 Jan. 1865.

539. You are no doubt familiar with the two varieties of venereal sore, one of which infects the constitution, while the other does not, as a rule?—Yes.

540. So far as your observation goes, in what numerical proportion do they prevail?—Sores unattended with constitutional symptoms are a large majority.

541. Would you say three to one, four to one, five to one, six to one, or what number would you select of those—I mean the proportion of the non-infecting to the infecting sore?—I think that it is very difficult indeed to discriminate between sores which will be followed by constitutional symptoms and sores which will not be followed by constitutional symptoms, as far as my experience goes.

542. My question is, in what proportion do the sores prevail which do not infect the constitution, as compared with those which do?—Perhaps, I can state the numbers. I happen to have in my pocket some numerical results which I have recently made out. At Hong Kong, in seven months, from October, 1859, out of 550 men in my charge, 104 were affected with venereal ulcer; in 29 cases it was accompanied with bubo.

543. How many of those cases had secondary disease?—10 out of

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104, and 3 of those are re-entries, so that there were actually only 7, who were affected with constitutional symptoms.

544. Then I presume that all the remaining sores, that is to say 94, were the soft chancre, not producing secondary disease?—Yes, chancres not followed by secondary disease.

545. Have you any statement with regard to any other station which qualifies the statement you have just made?—No.

546. Do you treat this sore with mercury in any form or quantity?—Except slight abrasions or excoriations, I treat all sores moderately with mercury; wherever there has been a pustule followed by an ulcer, occurring a few days after intercourse.

547. What is about the average duration of the sore from its first appearance to its cure?—The average time that the men are on the list is three weeks, but we generally keep them a few days after the sore is well—say between two and three weeks, as the duration of the sore.

548. Do you know Evans's book?—I do not.

549. What is the average period of development of the hard sore from the date of intercourse, or the period of incubation?—So far as I know, from 4 to 14 days; but it is often difficult to get at the truth in those cases.

550. Do you consider a hard sore so characteristic that you can always determine it at first sight, and immediately?—Yes; nearly always.

551. Does the existence of the ulcer ever precede the formation of the deposit, or does the deposit precede the ulcer?—They appear to me to occur simultaneously, but we do not see the men until the ulcer is formed; they do not come for hardness.

552. You consider the thickening pathognomonic of the disease?—Yes, in the great majority of cases.

553. What is the general eruption which you have?—I have seen lepra and psoriasis; but papular eruptions are more common, and more easily remediable.

554. Supposing that you have a case before you of secondary eruption, assuming the character of lepra or psoriasis, the primary sore having healed, is there any peculiarity in that primary sore to which you would refer it, because I presume that with you lepra or psoriasis is the exception?—It is a rare thing.

555. Is there any peculiarity in the original sore to which you would refer it?—I think that it is almost always associated with indurated chancre.

556. Would you say very indurated chancre? Is it more than usually indurated where you get lepra and psoriasis?—In my limited experience I should say that it was.

557. What is the character of the glandular enlargement of the groin. How would you describe it. When the groin gets first involved, is it hard?—Yes.

558. Does it suppurate?—Yes.

559. Have you ever seen cases in which the pustular element largely prevailed as secondary disease?—Not many. I have seen one or two severe cases of ecthyma.

560. Do you think that pustular disease is an indication of greater debility than roseola or lepra?—Yes, I am inclined to think so.

561. Do you treat the primary hard sore with or without mercury?—Always with mercury.

562. Do you think that that treatment gives your patient any exemption from secondary disease?—I think that it does, certainly.

563. How do you administer your mercury?—I generally give it in

combination with opium, ipecacuanha and guaiacum, that is to say, I use blue pill with those three medicines *Dr. Dickson, R.N.*

564. Do you consider the venereal disease to have undergone any change in its nature or in its intensity since Mr. Hunter's day?—I should say that it has; it is much more remediable nowadays than it seems to have been then, from accounts given in books. 13 Jan. 1865.

565. Do you think that mercury exercises a depressing influence upon the system, and especially when given in large doses?—When given in moderate doses, such as 15 grains a day, I never saw it exercise any alarming depression. In larger doses, and long continued, it would no doubt act as a depressant.

566. Is the iodide of potassium used largely in any hospital to which you have been attached in the treatment of secondary syphilitic disease?—Yes, I use it very largely and have seen it used very largely.

567. In what doses?—Eight to twelve grains three times a day is as large a dose as I have ever given.

568. With great benefit?—With great benefit.

569. Do you think that its influence is more tonic or more depressing?—I generally combine it with a tonic. I fancy that it is a tonic in those moderate doses.

570. Which remedy do you consider in the aggregate of cases exercises the more salutary influence on secondary disease, mercury or the iodide?—I almost always combine them, and give both.

571. Have you had opportunities of tracing disease in the man to the woman from whom he is supposed to have derived it; have you ever examined women?—No.

572. Have you thought upon the subject of preventive measures?—I have.

573. Will you state to the Committee any opinions which you have formed upon this important subject, as to the best mode of putting an end to syphilitic disease, or controlling it at all events, and arresting its progress?—I think that the best mode is that which is adopted in many foreign countries, of registering all prostitutes, and submitting them to inspection at stated periods and giving them certificates of health.

574. Would not that entail the necessity of Government Lock hospitals in all localities where prostitutes congregate?—It would.

575. *Dr. Balfour.* I think you stated that you considered the hardness to be pathognomonic of the infecting sore. Do you not frequently find cases of constitutional disease following the soft sore also?—Yes, I have seen such cases.

576. Do you consider that the seat of the sore affects its character as to hardness?—Yes.

577. For instance, whether it is upon the glans or upon the penis?—Yes, the hardness seems to be more common upon the body of the penis.

578. But not upon the glans?—No.

579. Are you able to diagnose the soft infecting sore from the non-infecting sore?—No, I am aware of no distinction.

580. In the treatment of syphilitic sores to what extent do you push the mercury?—To a slight touching of the gums, and a metallic taste in the mouth.

581. But not to salivation?—Not at all.

582. Do you believe it to be customary in the navy to treat these sores generally by mercury?—My experience has been so, and that of the senior members of the profession with whom I have been.

583. But it is not the practice to push mercury to the extent of salivation?—No, except in some obstinate cases of lepra.

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584. But I am speaking of primary disease?—No, certainly not.

585. Have you ever seen any of those cases in the navy which are alleged to have been caused by the indiscriminate, excessive, or injudicious use of mercury; any of the cases of diseased bone, for instance?—No. I have, amongst seamen of the merchant service, seen some very bad cases of diseased bone.

586. And which have been believed to have been the consequence of the use of mercury and not of syphilis?—They have been supposed to have been so; at all events, men have been treated ignorantly and improperly for syphilis by captains of merchant ships, and other unprofessional persons.

587. But you have never in your experience seen anything of that kind in the navy?—No.

588. *Chairman.* Have you seen it frequently?—Occasionally.

589. Where the doctor has been represented by the captain of a merchant vessel?—Yes.

590. Who has resorted in all human probability to the indiscriminate use of mercury?—Yes.

591. What have you seen. What damage has been done?—Large ulcers and carious bones, and very bad sore throats, and scaly and pustular eruptions, of much greater intensity than we generally see in our ordinary practice, and rupia.

592. *Mr. Cock.* Have you ever adopted the plan of destroying recent sores, either by removal with the knife or destroying them by escharotics?—I use nitrate of silver freely to almost every sore.

593. Do you destroy the sore, root, and branch. Do you destroy the tissues so as to remove every vestige of it by making a slough, and do you consider that in that way you may avoid secondary symptoms?—Yes, I think that it is quite possible, and probable.

594. When giving mercury for secondary symptoms, do you continue the use of the mercury until all appearance of eruption has ceased, or is there a time when you will cease to give mercury?—The slightest action of the mineral on the mouth would induce me to stop it.

595. Do you recognise a permanent stain, which after the characteristic eruption of syphilis has faded away, will remain sometimes for months, or even for a year?—Yes, very frequently.

596. Do you think that that is to be removed by mercury?—No, I do not believe that it is, or at least by a dangerous quantity of mercury.

597. *Dr. Donnet.* Have you remarked a greater amount of syphilitic cases in ships preparing for sea, or in those paying off?—In ships preparing for sea, for this reason, that no leave was given to ships paying off in my time in the navy; all leave was stopped during those days, and there was no opportunity for the men to contract disease.

598. You say that you use caustic in primary lesion?—Yes.

599. Do you believe that the injurious properties of venereal sores, whether of the infecting or non-infecting kind, can be destroyed by caustics during the first stage of their existence?—Yes.

600. Could you therefore suggest any practical rule whereby the sailor might be induced to present himself for treatment within this period?—Only by punishing them in some way if they neglect to appear before the surgeon in a certain time after they are affected—punishing them for concealing the disease.

601. *Dr. Balfour.* Can you practically decide whether a man has concealed the disease so long as to justify his being punished?—In some cases you can, but not in others. A man with a long prepuce, for example, is often completely ignorant of the fact himself, until the surgeon has drawn his attention to it.

602. *Dr. Donnet.* What facilities and what accommodation do you think could be afforded to seamen on board ship for the purposes of efficient and private ablution?—In some ships in which I have been, attention was paid to that point by setting up a screen on the main deck for half-an-hour every day, with plenty of fresh water, with which the men could wash themselves in daylight, and not at night. *Dr. Dickson, R.N.* 13 Jan. 1865.

603. Do you think that such measures could be introduced throughout the navy?—I do not see why they should not; if used in one ship, they might be used in others.

604. Do you believe that a periodical inspection of the men, with the object of lessening the evils attendant upon the disease, is of importance?—Undoubtedly, but I doubt whether it is practicable in the navy. In the army I believe it is not popular either with the medical officers or with the men, and I think that the same objections would hold in the navy. A periodical inspection of the men has never been practised in the navy, so far as I know.

605. If once the men knew the benefit of that measure, might they not be induced to present themselves for personal inspection?—They might, but I think that there would be difficulties in persuading them to do so.

606. Are you of opinion that establishments similar to the Soldiers' Institute, would be a means of raising the morale of the seamen?—Very much. Such institutions are very much wanted.

607. They act as a check to immorality?—Very much. At present a man who has no friends in port has nowhere to go to spend his evening except the public-house or the brothel.

608. Do you think that an increase of marriage amongst the men would be a check to the disease?—It would in the home ports be undoubtedly a great check; for example, in the coast-guard ships and in the "Excellent," the disease is almost unknown. A great majority of the people are married. On foreign service this check would be inoperative.

609. Can you offer any opinion relative to the stopping of a certain amount of the men's pay when under treatment for venereal disease?—I should say that it is a very undesirable thing to do. I should think that, so far from that, they ought to be encouraged to show themselves. Stop their pay if they conceal the disease, but do not punish them for the fact of having the disease.

610. In foreign hospitals many of these men are under treatment for two or three months, and they still continue receiving their pay?—There ought to be a limit; after six weeks, or some reasonable period, the men's pay might be reduced to one-half, that would be a very considerable check on their concealing their malady, and they would come in time.

611. Do you know of any naval medical officers who are non-mercurialists?—I believe that there are such. I have never served with any who were non-mercurialists. I think that the majority of them are mercurialists, so far as my acquaintance and knowledge of them goes; but mercurialists in the limited sense of which I have spoken, giving mercury only to a very slight amount, and not pushing it to excess—giving it alteratively.

612. *Mr. Quain.* Did I understand you rightly to say that your practice has been to give mercury in every form of sore upon the penis, except abrasions?—Yes, whenever there has been a pustule and an ulcer forming thereupon, I have given mercury, unless there was something to counter-indicate it, such as great delicacy of constitution, or an appearance of sloughing, or a well marked scorbutic tendency.

613. What has been the duration of the treatment of the constitutional disease in your experience?—It has often been very tedious.

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614. How long do the men on an average, in your experience, remain upon the sick list, and off duty from that cause?—It is difficult to say. A man who has constitutional disease comes on the list more than once. He gets quit of the eruption and sore throat, and he goes to his duty, and comes back again in a few weeks, and so it goes on with him for several months, but in time he generally gets well. It is very seldom that I have reason to invalid men for venereal.

615. During that time is he often put under a course of mercury?—No.

616. More than once?—Rarely. Most surgeons give iodide of potassium, Dover's powder and sarsaparilla, or something of that kind.

617. After a previous course of mercury?—Yes.

618. What, in your experience, is the state of such men afterwards?—I have seen many of them recover perfectly, and apparently as well as ever they were before.

619. Have you ever known any of those men to come to you again afterwards?—No; we do not trace their history; we may occasionally do so in the case of an officer: but our knowledge of the men does not extend beyond 4 or 5 years, the limit of a ship's commission.

620. Have you seen an attack of syphilitic disease in the same person from new contagion a second time?—Yes.

621. *Chairman.* Of true syphilis?—Yes; of ulcers.

622. *Mr. Quain.* Not of the constitutional disease?—No; in fact, a second attack would more likely be put down as a relapse of the original disease.

623. And not a newly acquired disease?—It might be so, the thing is open to doubt, of course. Some men seem peculiarly susceptible to ulceration, and always after an impure connection seem to get a sore.

624. *Dr. Wilks.* With reference to local application, I think you say that inasmuch as you cannot distinguish at first between an infecting and a non-infecting sore an escharotic would destroy the virus; if that plan could be adopted at a very early period, might the disease be eradicated, in your opinion?—Yes, I think so.

625. Have you ever seen constitutional symptoms without a sore, and if so, how often?—Yes; at least, I have seen constitutional symptoms in which the man declared that he had seen no sore, and in which he had no reason to conceal the truth, and where no trace of a sore was found.

626. Was he supposed to have had a gonorrhea?—No.

627. *Chairman.* There was no trace of either ulceration or induration?—None; nothing could be felt or seen.

628. *Dr. Wilks.* That was quite exceptional, I suppose?—Yes.

629. *Dr. Balfour.* In such cases, did not the man admit that he had had an excoriation?—Yes. Shame-faced lads, unwilling to show themselves, have come only when the secondary symptoms have been developed, and have said that they had never had any sores. Whether it was true or not I will not say; but certainly, in one or two cases I have seen men with distinct constitutional symptoms, sore throat and eruption, without any apparent sore.

630. *Chairman.* Such persons would confess to having had intercourse?—Yes; there was no doubt as to that.

631. Have you ever had an opportunity of ascertaining the date of that intercourse?—Yes, we often can do so, because the men go on shore at stated periods, for a short time; in the ship in which I last was, it was once a month; so that there were very safe data to go upon.

632. How many examples of it have you had?—Very few.

633. Occurring in boys?—Yes. As a rule, there is not much delicacy in seamen coming forward, but sometimes a young gentleman, or a young sailor-boy feels ashamed of his position.

634. Am I to understand you to say that you have on some occasions, or on several, or on a few, had opportunities of seeing cases of secondary disease in boys, in whom there has been no trace of primary lesion?—Yes, a few such cases. *Dr. Dickson, R.N.* 13 Jan. 1865.

635. What number would you say?—Two or three occur to my mind, but not more, at present.

636. You have not seen the same in persons of mature age, say over 19 or 20?—No; I do not remember a case of an adult concealing his condition until constitutional symptoms were well developed—it is rare.

637. We are not speaking of boys concealing their condition unti constitutional symptoms were well developed, but of boys who having eventually exhibited their secondary disease declare positively that they have had no primary?—Yes.

638. And that you have seen three or four times?—Yes; I have seen no trace of sore.

639. About what would be the age of those boys?—Sixteen or seventeen.

640. *Dr. Donnet.* Could you place reliance upon their statement?—No; I did not believe them. I presume that they had had some slight abrasion or excoriation which had healed up perfectly, leaving no trace.

641. *Mr. Quain.* But certainly no induration?—Certainly not; I have seen such cases; but, as I said before, very rarely.

642. *Dr. Balfour.* Can you state how long a time had elapsed between the lad having had an opportunity of contracting the disease, and the manifestation of secondary symptoms?—Generally more than a month; six or eight weeks, probably.

643. Quite sufficiently long for any trace of an abrasion, or of a slight excoriation to have disappeared completely?—Yes.

644. *Mr. Spencer Smith.* Have you observed any connexion between the character of individual men and their proneness to syphilis—as to drunkenness, as to disorderly habits, and so on; are they the men who get syphilis most?—No, I think not. Of course, those who are cleanly in their habits, and those who are by nature circumcised, are much less liable than those who have long prepuces, and are careless of ablution; otherwise I do not think that there is any difference.

645. With regard to the Contagious Diseases Act, are you acquainted with it?—I know something of it.

646. Do you approve of it? Do you think it just and right?—I do.

647. Do you think it a duty to interfere by legislative measures with the women in our sea-port towns?—Yes; I think that that Act is very much called for, but I do not think that it goes far enough.

648. *Dr. Babington.* Have you come here prepared to give any information, which the questions put to you have not elicited?—Most points I think have been touched on by the questions of the gentlemen present. We had a good example of prevention at Hong Kong; it is one of those places in which there are excellent sanitary regulations. All the prostitutes are registered; the brothel-keepers have licences, and are under government superintendence; the colonial surgeon examines the women periodically, and if a woman is found to be diseased she is immediately consigned to the Lock Hospital, and kept there till she is cured.

649. *Chairman.* Hong Kong is an English colony?—Yes. Women who fail to come forward for inspection are punished; at least brothel-keepers, who do not send their inmates for inspection, are punished by fine and imprisonment. All prostitutes are registered on the police books,

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and are obliged to appear periodically for inspection. If a woman is found to be diseased, and has neglected making this periodical appearance, the keeper of the brothel is punished.

650. *Dr. Babington.* In what respect do you think that the Act, which has just passed for the sea-ports, does not go far enough?—That there is no registration, as far as I know, in it, nor any compulsory periodical examination.

651. *Chairman.* Have you said all that you wished to say upon the Hong Kong system?—No. This system, although it seems so good in theory, was found not to work well in practice, as those facts which I have already detailed will show, namely, the great prevalence of the disease at that time, the existence of 104 cases in seven months in my ship.

652. How do you account for that?—Chiefly in this way: a great number of women who were not on the books of the police had come temporarily into the place, as the addition of men caused by the arrival of the fleet was very considerable.

653. *Dr. Balfour.* What was the strength of the crew of your ship?—550. When we found that the disease was so very prevalent we put ourselves in communication with the authorities, and, having ascertained the power of the police magistrate, on any case of syphilis occurring, the man was asked if he knew when and from whom he had received the disease; and if he could identify the woman, he was sent on shore in charge of the master-at-arms to make a complaint before the magistrate. The woman was summoned to attend the magistrate, and was then transmitted to the surgeon for inspection. If she was found to be diseased, and had not complied with the regulations of the place, she was sent to the Lock Hospital, and the brothel-keeper was punished, as I have said before. The regulations which I have already referred to were put in force. He was fined £6, I think, and had a month's imprisonment, on bread and water; that was the punishment to the brothel-keeper.

654. *Chairman.* The brothel-keepers were Chinese men?—Yes. Chiefly men.

655. And the women were Chinese women?—Yes. This stringent practice no doubt had the effect of lessening the amount of the disease. We used at first to send 200 men on shore at a time, and out of that number from 30 to 40 used to come back with venereal sores, and with other kinds of venereal affections, gonorrhea, and so on.

656. What was the length of leave?—Three days. They had abundance of money, too much in fact; a bounty had been recently paid. Each man had £10 or £12, and many were wallowing in sensuality during the whole time. Their first visits to the shore at that period, 200 at a time, were followed by 30 or 40 cases; but after a time, when those regulations were put in force, the number of infected people was diminished to 10 or 12.

657. *Dr. Balfour.* Might not that to some extent be accounted for, by the men becoming acquainted with the places where they were not likely to contract disease?—There is no doubt something in that, and also by so many infected men remaining on board, the number of liberty men became somewhat less.

658. Taking the results as a whole, do you consider that they were so satisfactory as to justify the introduction of a similar system into our other colonies, on the ground of the great advantage to be derived from it?—I think that such a diminution is encouraging.

659. That is to say such a diminution as you found in the latter part of the time as compared with the first part?—Yes.

660. But taking the whole period together, there having been 104 cases in seven months, do you think that it speaks well for such a system of registration?—Hong Kong is a peculiar place. Opposite Hong Kong is the main land of China, quite out of our control, and those people passed backwards and forwards without let or hindrance. If the whole country, as Malta, were under English Government, I think that a registration and passport system, conjoined with the other regulations, would be effectual. *Dr. Dickson, R.N.* 13 Jan. 1865.

661. *Dr. Donnet.* Do you know how the weekly inspections of women were carried on at Hong Kong?—I think that they were fortnightly only.

662. *Chairman.* By whom were they inspected?—By the Colonial Surgeon.

663. *Dr. Wilks.* Had they any certificate when they left?—No, I think not; on the Continent a certificate is given.

664. *Mr. Quain.* Did the surgeon use a speculum in the inspection?—Yes.

665. Do you happen to know how many women were on the books?—I think about 200, so far as my recollection serves me, but I cannot tell with accuracy.

666. Have you any other point which you wish to communicate?—I do not see any. Mr. Smith asked me some question about the susceptibility of individuals to the disease. In my experience, men with light hair and very delicate complexions, and fine white skins, seem to be more liable than others, both to indurated sores and to the more obstinate squamous eruptions.

667. *Dr. Babington.* Have you found syphilis more intractable in a scrofulous constitution?—I think that such persons are more liable to glandular enlargements, which are the most tedious and troublesome incident of the disease that we have to deal with.

668. *Dr. Balfour.* Do you find that climate has much to do with the duration of the disease, either primary or secondary?—I do not think that it has, except that hot climates debilitate, and one has to support the man's strength. I generally combine quinine and tonics with mercury. I have very often given a patient quinine and mercury at the same time.

The witness withdrew.

Friday, 20th January, 1865.

Present:

Mr. Skey F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

John Davidson, Esq., M.D. (Deputy Inspector-General of Hospitals and Fleets, Haslar), examided.

669. *Chairman.* Are you cognisant of Dr. Macloughlin's views on the subject of syphilis?—Yes; but I have not read his book. *Dr. Davidson.* 20 Jan. 1865.

670. You are aware that he disputes the existence of such a disease?—Yes.

Dr. Davidson.

20 Jan. 1865.

671. Do you concur with him in any respect?—Certainly not.

672. You are familiar with the two varieties of venereal sores, one of which affects the constitution of the individual, while the other does not?—Upon that point I have a little doubt. I am inclined to accept the theory of the double virus, but I have seen cases in which secondary symptoms have certainly followed apparently the soft chancre.

673. Comparing the infecting and non-infecting sores, can you state, from your own observation, what kind of numerical proportion there is between them?—I cannot do so. We do not make any distinction in our statistical reports between the two classes of sores; consequently anything I might state would be a mere guess.

674. What should you conjecture it to be?—Probably about a sixth of the sores might be infecting.

675. Do you treat the soft sore with mercury?—I treat it with alterative doses generally.

676. Do you consider that treatment essential to its improvement?—It may not be essential to the improvement of these sores, but I think they heal more rapidly under that treatment.

677. What is about the average duration of a common soft sore?—I should think from a fortnight to three weeks.

678. What is the period of incubation, if there is any?—I almost always see them fully formed.

679. Have you ascertained from the patients the date of the intercourse?—We cannot very often depend upon their statements.

680. You say that you have seen examples of simple chancre, as I understand you, but you will correct me if I am wrong, producing secondary symptoms?—I have seen secondary symptoms follow apparently what, in my mind, was a soft chancre.

681. Have you seen that frequently?—Yes, pretty frequently; but I should say, with regard to that, that it may have arisen in this way: the man may have been infected before by an infecting chancre, although in some cases that I recollect particularly, I could find no trace of induration.

682. Do you consider it possible that the secondary disease may have been referable to some prior malady?—It may have been.

683. *Dr. Balfour.* Have you observed the soft chancre which has been followed by secondary disease, to occur on any particular part of the penis—for instance, the prepuce?—Yes.

684. *Chairman.* You are of course familiar with the hard sore?—Yes.

685. Can you form any judgment as to the average period of development of the hard sore from the date of intercourse?—No, I cannot, as far as personal observation goes, and for the reason already stated.

686. Are there not degrees of hardness from simple thickening up to cartilaginiform induration?—Yes, there are degrees of it from a sort of parchment feel, or scarcely even that, up to the hard cartilaginous chancre.

687. Have you seen a cup-shaped sore on a hard base?—Yes.

688. Have you never, in your examination of a sore, experienced a difficulty in deciding whether it was or was not an indurated sore?—I have.

689. Does the existence of ulcer precede the formation of the deposit beneath it, or does the deposit precede the ulcer?—The ulcer, I believe, generally precedes the deposit.

690. Will you describe the secondary affections which follow the infecting or hard sore in the order of their development?—There is generally a hardening of the glands or chronic adenitis, which follows soon after the formation of the hard chancre.

691. In what part of the body?—Chiefly in the groin. There is an induration of the post-cervical glands, but that again is a later affection. The most frequent secondary symptoms I have seen are of eruptions, and they have occurred in the following order: the roseolar, papular, squamous, and pustular; ecthyma and rupia are less frequent than affections of the periosteum, throat, and nose, &c.

692. Suppose you met with a palpably hard chancre, should you look with certainty to the occurrence of indurated glands in the groin?—Not always; I think I have seen exceptions to that; but, as a rule, it is so.

693. When they do occur, they are always indurated, are they not?—Yes, generally; but sometimes suppuration takes place in these cases; I suspect, however, that that is more dependent upon the accidental peculiarity of the constitution, and not essential to the nature of the disease.

694. Do you consider that the treatment of the primary sore by mercury gives the patient any exemption from the occurrence of secondary disease?—I think so, inasmuch as a great many of the cases so treated do not come under my observation again affected with secondary disease. I think that the treatment by mercury has the effect, at all events, of putting it off for a long time.

695. Supposing some uncertainty to prevail in the mind of the surgeon as to the real nature of the primary sore, would any evil result to the patient if active treatment were postponed, or if treatment were postponed for a few days?—Certainly not.

696. How many days should you say; a fortnight?—I do not wait so long as that; if I find the sore is not healing with slight alterative doses of mercury, and that it continues indolent, I then order the inunction of mercury; I do not salivate, but I touch the gums slightly; I often find in such cases that a sore heals up speedily.

697. Do you treat secondary disease with mercury?—Generally speaking, I treat it with iodide of potassium, and bi-chloride occasionally combined with it, and sarsaparilla. I should also mention that I am in the habit of giving Plummer's pill, or the iodide with the mercury pill, when the bi-chloride is not given.

698. When you give the iodide of potassium, and the bi-chloride with sarsaparilla, what form do you use?—I generally give a scruple of the iodide of potassium, with three drachms of the liquor hydrargyri bichloridi, in combination with 12 ounces of the compound decoction of sarsaparilla, daily.

699. They have $\frac{3}{16}$ths of a grain of the bi-chloride?—Yes; and one scruple of the iodide of potassium.

700. Do you ever treat cases with the iodide of potassium alone, without mercury, or with mercury without the iodide?—I do occasionally in cases of cachexia.

701. How would cachexia modify your treatment; which of the two remedies would you increase or diminish?—I should diminish the mercury in such a case.

702. And rely more upon the iodide?—Yes, in combination with other things.

703. How can you explain the universality of Hunter's appeal to mercury in all primary and secondary venereal affections, carried, as it was by him, to so severe an extent?—I cannot explain that; I do not adopt it to a severe extent.

704. Do you consider that the venereal disease may have undergone any change in its nature or intensity since Hunter's day?—It is supposed to have done so in its intensity.

705. Are you liable to error in the selection of cases in which you

Dr. Davidson. anticipate benefit from mercurial treatment?—Occasionally; I think generally speaking, that it does succeed.

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706. Is the iodide of potassium largely used in your hospitals?—It is pretty largely used in Haslar Hospital.

707. Is that at the expense of mercury, or conjointly?—I think at the expense of mercury.

708. Generally speaking, in what dose is it administered?—Generally in about that dose which I have mentioned.

709. Is not its influence rather tonic than depressing?—I think so.

710. Have you ever seen practised, or have you yourself practised excision in the early stages?—Never.

711. Have you not seen it practised?—Never.

712. Have you had an opportunity of tracing the disease in a man to the woman from whom he is supposed to have derived it?—No.

713. Have you thought of the subject of preventive measures? And will you be good enough to state any opinion you may have formed on that important subject?—I have not thought much upon it. I think that the late Act, if honestly carried out, will do a great deal to prevent and diminish venereal disease in the army and navy; but I suspect that unless some system of registration and inspection is adopted, throughout the country, we shall have it still to a large extent. I have found, in the cases of a number of men who are at Portsmouth, that they have not contracted the disease there, but in London, or where they have happened to be on leave; they very often now have leave for a day or two, and it is a common thing with them to come to town instead of waiting about the harbour, and they often contract the disease in London. Several of the surgeons of the ships there have told me repeatedly that when they have questioned the men as to where they got the disease, they have said in London, or at some distant place.

714. Have you ever had opportunities of tracing the venereal disease in any or all its forms in the younger men in the naval service?—Sometimes among boys, but not very frequently.

715. Are there many boys?—There are a good many in Portsmouth Harbour; there is a training ship there.

716. At what ages do you mean?—I think from about 14 up to 16 or 17.

717. Is there any kind of surveillance exercised over those young boys as to their intercourse with women?—I think there is; and that they are not allowed to go on shore except under the charge of some petty officer, as a rule.

718. When you speak of the age of 16, that is an age that is amenable to the influence of temptation; have you had an opportunity of ascertaining that boys of 16, or under 18, are more impressionable, or that they more readily take the disease?—I cannot speak upon that.

719. With regard to gonorrhœa, what is your general treatment of that disease?—I generally purge well, and give a drink of barley water with some nitrate of potash in it. If it is a very smart attack, I use tepid water injections to begin with, and after having allayed the irritation somewhat, then I resort to small doses of copaiba in combination with an alkali, and mild astringent injections.

720. Have you never treated it with iron from the beginning?—Never. I have occasionally used iron after having failed with the others. I do not know that it ever had much effect.

721. *Dr. Babington.* Have you ever used mercury externally?—Do you mean locally applied?

722. Yes, endermically?—I generally use it endermically by inunction, when I want to affect the system, and particularly in cases of indurated chancre.

723. Do you ever use the vapour-bath?—Yes; in cases of secondary disease, which seem to resist the ordinary treatment I have already mentioned, I resort to the vapour-bath, and with very good effect. *Dr. Davidson.* 20 Jan. 1865.

724. Have you ever treated any cases without mercury or iodide of potassium on general principles, as it were, in secondary cases?—No, I have not.

725. Or in primary cases?—I have sometimes in primary cases treated them without mercury for a time.

726. Was the result satisfactory?—I generally found the progress to be very slow.

727. Do you think that cleanliness would very much prevent infection, supposing that men were to wash after intercourse with women?—Yes, and I think the proof of that is that we generally have an excess of venereal cases when the cold weather sets in, and when the men are less likely to wash; we always have an increase of cases during the winter months as a rule.

728. So that if they were provided with the means of washing soon after having had intercourse, you think it would be a material improvement?—I think it might diminish it a little.

729. Is there any arrangement of that sort in any of the ships you have been in?—I think that the men generally are so long out of a ship, when they contract the disease, that the mischief is done before they come back to the ship.

730. Have you ever known secondary symptoms to follow gonorrhea, such as superficial sore throat?—I think I have, but I am not very certain upon that point.

731. And efflorescence on the skin?—Yes.

732. *Chairman.* Have you seen much of the phagedenic forms of ulceration?—Very little; I do not think that I have treated more than 20 cases in five years at Haslar; they occur very seldom.

733. I mean sores commencing with a phagedenic character?—Yes, cases of sores admitted in that state; I do not think that I have seen any case originating in the hospital.

734. Should you anticipate secondary disease from such local affections?—I have seen the sloughing phagedena destroy apparently the poison, and no secondary disease follow; but I have seen secondary disease of a very bad type follow upon pure phagedena.

735. Should you call that syphilis?—I should.

736. Do you think that it is not modified by the constitutional peculiarity of the individual?—I think it is entirely the constitutional peculiarity that gives rise to this particular form.

737. Still you call it syphilis?—Yes, I do; I think that very likely there has been indurated chancre at first, and that it has taken on this action from constitutional peculiarity.

738. It may have been a soft chancre?—Yes, it may have been; I certainly have seen secondary symptoms of a bad type follow in cases of phagedena.

739. Do you treat the disease with mercury in that shape?—Not at first; generally with opiates and tonics. As a rule, the constitution of the individual is very much depressed.

740. *Dr. Balfour.* In the cases of phagedenic disease which you have seen, did it appear to you to be the result of a form of syphilis; or did it arise in a measure from the non-sanitary conditions under which the men were placed?—I should say that the phagedena arose from the peculiar constitution, and the state the man was in at the time, from a want of health.

741. Was the disease in any way affected by the sanitary or non-sanitary condition in which the man was placed?—I think not.

Dr. Davidson. 742. Is it the custom in the navy to treat all cases of venereal sores with mercury, as a general rule?—I cannot speak upon that point. Some
20 Jan. 1865. medical officers I know do not. I do not think that mercury is generally given to the extent of salivation now-a-days, and that when salivation does occur it is accidental.

743. Have you ever seen any of those cases in the navy which are supposed to arise from an excessive or injudicious administration of mercury?—No, I have not.

744. Have you been able to trace any connexion between syphilis and the development of other diseases, especially pulmonary consumption?—I think so; at least I have occasionally seen cases which have been in the surgical wards perhaps once or twice or three times, with venereal disease, and afterwards on the other side of the hospital in the medical wards, the patients suffering from lung disease, and who have been afterwards invalided for consumption.

745. Do you consider the venereal disease to be one of the causes to which the development of consumption in the army and in the navy is due?—I think so. I think that very often an attack of syphilis is the beginning of ill health, which leads to consumption.

746. Have you had an opportunity, in the course of your foreign service, of observing the operation of any preventive measures in reference to syphilis, such as the inspection or registration of the prostitutes at Malta or at Hong Kong?—No; when I was in China there was no such practice in existence, and I know, personally, scarcely anything of Malta.

747. *Mr. Cock.* Do you think it is possible that syphilis could be produced spontaneously by promiscuous intercourse and by uncleanliness, or that the disease might be, or ever is, produced in that way?—I should think not.

748. Can you easily distinguish the difference between the syphilitic and the non-syphilitic sore, or in other words, the one which will and the other which will not produce secondary symptoms?—I can say when I see an indurated chancre, that secondary symptoms will follow to a certainty, unless specific treatment be adopted, but in other cases I cannot say whether they will or not.

749. Do you attach any importance to the peculiar moisture on the surface of the sore, which is exuded as a distinguishing mark?—Yes, and I think that there is one kind of sore in which there is very little induration, which I have seen on the prepuce, and in which the epithelium seems to be removed, and a little serous exudation takes place. I have seen secondary symptoms follow in such cases where there was scarcely a trace of induration.

750. In the exhibition of mercury for syphilitic sores, do you think that if the mercury fails to prevent secondary symptoms it may render those secondary symptoms of a milder form, and that they will last for a shorter period?—I think the secondary symptoms that we see generally at Haslar after this treatment are of a mild nature.

751. Do you think that in some constitutions, for example, the strumous, and a man of weak power, the exhibition of mercury for the primary sores may make the secondary symptoms worse, and of a more intense character?—Not if the mercury be administered in the same quantities in which we give it.

752. Do you find that after the secondary eruption has subsided, a stain is often left, which is not amenable to remedies?—I should say that that is generally the case.

753. You would not administer mercury when the eruption had partly faded, and had assumed the appearance of a sort of stain?—No, I would not treat that with mercury.

754. I think you stated that you had not practised the excision of sores, nor any mode of destroying sores by escharotic applications?—I have occasionally used an escharotic application in the soft chancre. *Dr. Davidson.* 20 Jan. 1865.

755. Do you think that by completely destroying the sores by escharotic application, so as to invade the healthy structure, the sores will heal more easily after that?—I cannot say that I have seen much difference. I do not practice it as a rule. I have not found very much benefit from it.

756. Do you find that many men from the formation of the genital organs, are more liable to contract sores than others?—I have not.

757. I mean persons with a great redundancy of foreskin, persons of a large size, and persons who are phimosed, or are in a semi-phimosed state, in which the prepuce will not draw back easily?—I have not remarked that particularly.

758. Might not the organ in many of these cases be rendered less liable to disease by performing some slight operation?—I sometimes do that. When I meet with a case of that kind I remove a part of the prepuce.

759. *Dr. Donnet.* Have you found it an easy matter to distinguish between an infecting and a non-infecting sore at an early stage?—No. People present themselves in the hospital having upon them certain sores. I can pronounce at once upon the indurated sores; but I should be sorry to predicate, in regard to others, apparently soft sores, that secondary symptoms would not follow, having seen such things happen pretty frequently.

760. Do you consider the induration of the inguinal glands a better diagnostic sign than the induration of the sore itself?—No, I think not. You have sometimes induration of the glands without an indurated sore.

761. Is it your opinion that induration of the inguinal glands, together with a soft sore upon the genitals, may be followed by constitutional syphilis?—Yes; it probably would.

762. Have you seen many cases where induration of the inguinal glands existed together with suppurating buboes?—A great many.

763. Have you seen manifestations of constitutional syphilis co-existing with suppurating buboes?—Yes.

764. Do you consider this manifestation due to the existing bubo, or to some other previous syphilitic affection?—As I have already said, I have seen suppurating buboes with indurated chancres in certain constitutions. For instance, the strumous, in which cases perhaps there was some irritation of the sore that led to the suppuration of the glands.

765. You have spoken of the use of the mercurial vapour-bath. Does it, in your opinion, answer all the purposes intended by the internal administration of mercury?—Yes, I think it does, especially in secondary affections.

766. Do you think that it might supersede the other?—I do think so. I find that inunction is more convenient in healing indurated sores but I think the vapour-bath is an admirable thing.

767. And that it might supersede the internal administration of mercury?—I think so, in secondary affections.

768. Are you aware of any objections that might be made to periodical inspections of the men when leave has been granted?—I am not; except perhaps personal feeling on the part of the men.

769. Do you think that any opposition would be offered by the medical officers?—No. I do not see why it should not be done in the navy as it is done in the army.

770. *Dr. Balfour.* It has not been done in the army for the last six

Dr. Davidson. or seven years. You are perhaps not aware of that?—No. It is done, I believe, in the Marines now.

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771. *Dr. Donnet.* What is your own opinion concerning the appointment of a certain class of men, such as sick-bay men, masters-at-arms, and other subordinate officers for this purpose?—I think that the master-at-arms might be able to do it, but it is a medical officer's duty.

772. Do you think that the men would offer any objection?—I should not like to speak upon that point. I have had no means of knowing their feelings on that point, but it is not improbable.

773. Have you had any opportunities of observing syphilis in the countries which you have visited?—I have had very little opportunity.

774. Would it be advisable, in your opinion, to disseminate among the seamen some information relative to the appearances in the first stages of the disease, and to point out to them the necessity of applying at once for medical treatment?—It might be of use.

775. *Mr. Quain.* You have stated that you thought the Act for the Prevention of Contagious Diseases would be useful if it were properly carried out?—Yes.

776. Did you refer to the examination of women?—Yes; and the punishment of the brothel-keepers who harbour such people in a diseased state, sufficient accommodation having been provided for their cure.

777. If I understand you rightly, you think that the examination of the men by proper persons would also be useful?—Yes; because very often they conceal their sores for a long time.

778. Then you would approve of periodical inspections, especially after the men have been on leave?—Yes.

779. To what extent was the alterative course of treatment carried which you adopted in the primary disease—chancre?—Until the chancre was healed, or there was a very slight affection of the gums. It was never allowed to go beyond that, but in hard chancres it was continued till the induration had disappeared.

780. Have you seen the secondary or constitutional disease treated without mercury?—I have occasionally treated it in very hectic cases with the iodide of potassium alone.

781. With benefit?—Yes.

782. Have you ever seen it followed as a system of treatment?—Never.

783. What has been the common duration in point of time, as far as you can remember, of cases of constitutional syphilis?—I should think about a month, or from that to six weeks, or two months under treatment.

784. In your treatment of constitutional disease, has mercury produced any considerable effect upon the system?—I have not observed any.

785. What, in your experience, has been the state of health of the persons afterwards who have undergone that treatment for constitutional disease?—They generally enjoy good health, and are fit for their duty.

786. Do they continue to be fit for their duty?—Yes, so far as I know, speaking generally.

787. Have you seen relapses of the disease?—Yes, occasionally.

788. Have you seen anything of the condition of the children of the persons who have had syphilis?—No. I have had no experience in that respect.

789. *Dr. Wilks.* I understood you to say that you gave mercury in all cases of primary sore, and that it tended to heal the soft sores?—I generally give alterative doses of mercury in all cases of soft sore, and with advantage, I think.

790. I did not quite understand what you stated before when you spoke of early inspection. Do you think very highly of the advantages of early inspection?—I think you very often find that in consequence of the men concealing their disease for two or three weeks, a vast amount of irritation is set up in the sore, and sloughing may set in. *Dr. Davidson.* 20 Jan. 1865.

791. And then there would be no advantage in eradicating it?—No; but I think that there would be an advantage in getting the men sooner under treatment.

792. *Dr. Balfour.* With reference to the delay which takes place in consequence of the men not reporting themselves when labouring under venereal disease, do you think it would be, to any extent, prevented by punishing those men who were reported by the surgeon of the ship as having concealed their disease?—I do not think that could be done in the navy.

793. *Chairman.* Certain questions have been put to you which have probably not included all the points connected with this subject which are familiar to you. If there is any other point connected with the disease in either of its stages or treatment, will you be kind enough to mention it?—I cannot say that I am aware of any.

794. You do not treat it in women?—Not at all.

795. *Mr. Spencer Smith.* You would like, if I understand you rightly, to see greater powers given than are contained in the Act which has been recently passed?—I think that it ought to be added to, if one looks to the good of the population generally. I think that syphilis produces immense havoc among them, and that the generations which follow will be very seriously affected, and have their constitutions ruined by it.

796. *Chairman.* It is a great evil in your opinion?—I think it is.

797. *Dr. Donnet.* Do you think it would be a good plan to have a medical history of each man employed in the service?—No doubt of it.

798. Could you offer any suggestions to the Committee upon that point?—I have not considered the subject particularly, but I suspect there would be some difficulty from the men changing their ships so frequently.

799. Might not the men carry a history of their diseases on their parchment certificate?—They might. And it would be a great assistance to the medical officers to know what a man's previous history had been.

800. *Chairman.* Did it ever strike you that there was an identity of poison in gonorrhœa and in the soft sore?—No.

The witness withdrew.

Tuesday, 24th January, 1865.

Present:

KEY, F.R.S., *in the Chair.*
R. BADINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Johnston Stuart, Esq. (Surgeon-Major in the Bombay Army), examined.

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801. *Chairman.* You have been many years in India?—I have had 16½ years' actual service.

802. Where else have you been?—My service has been entirely in India.

803. What is the length of your service?—Twenty-two years.

804. Was all that time passed in India?—No, only 16½ years.

805. You are perhaps not very familiar with these diseases in England?—Not further than my pupilage at the Hospital, and afterwards for 12 months at a large dispensary at Stoke Newington.

806. Is the venereal disease in India very much like what it is in England?—Yes, except the comparative absence of the true Hunterian chancre.

807. Do you concur in the division of the sores obtained by sexual intercourse, whether judged of by their local character or by their influence on the constitution; or how would you divide them; into the hard and soft sores?—Decidedly.

808. You would not divide them according as they produced secondary symptoms or did not produce them?—No; I would rather divide them into hard and soft, because in India, as far as my experience has gone, secondary symptoms are very rare; they are not the usual attendant upon syphilis as in this country.

809. You are familiar with the purely local character of the common non-infecting sore, are you not?—Quite so.

810. How have you been in the habit of treating it?—The non-infecting sore, the sore that I should consider was produced probably by some filthy discharge, I would simply treat locally with mild remedies, and with great attention to cleanliness, and if with an enfeebled habit of body, with tonics.

811. That produces no secondary symptoms?—No.

812. It is a common sore?—Yes; and it is generally found in India, very frequently in the dirty bazaars, among the ill-fed inhabitants of our civil stations; not so much among the Europeans.

813. Does it spread to a considerable size?—Frequently. I have seen it spread completely round the corona.

814. Have you ascertained how soon that kind of sore appears after intercourse?—No; the reports were always too doubtful.

815. Did it produce bubo?—Frequently.

816. Suppurating bubo?—Yes.

817. There is a sore which is known as the phagedenic sore, equally without induration; are you familiar with that sore?—Very much so; I have met with it repeatedly.

818. A spreading sore?—Yes; affecting large bodies of our troops, and large bodies of our prostitutes in the bazaars. It occurred on one occasion at Poona, the largest military station in the Bombay Presidency, and to such an extent that the authorities had to appoint a committee of investigation, and the women were removed from the bazaars and placed under medical control, and we, in medical charge of our respective regiments, were called upon to report upon the progress of the disease among the men, and how soon we had eradicated it from our hospitals.

819. Do you recognise that as syphilis?—Most decidedly.

820. Do you consider it the product of a specific poison, or is its nature determined by the constitution?—I have seen it in the most healthy as well as in the most broken-down constitutions. I have seen it in an officer who attempted positively to assert that he had not had any connection, wishing to deny the fact, but its syphilitic character was so marked that there was no questioning it, and the proof of the connection was afterwards discovered in one instance; he was one of the healthiest officers in his regiment. Proportionally, I have met with more of that disease than any other form of syphilis.

821. Does it produce secondary symptoms?—I have never seen them.

822. As it is destitute of induration or thickening in its early stage, and produces no secondary disease, in what respect is it allied to syphilis?—It commences with a small pimple, at the moment not hard, but of an india-rubber feel, very limited in extent, forming first of all a little excavated sore at the immediate centre, and that spreading underneath the surface, each structure giving way as the ulcerating process spreads, and then being brought to a stand-still, or arrested in its progress by the same remedies that I would use for a mere strumous chancre, or any soft chancre; what I would call the grey ash-coloured chancre; the same treatment arrests the one as the other. The treatment in the phagedenic is to be local, and of a much more active character, but constitutionally the same, and it is produced by contact with women.

823. So is the soft sore; but you do not, to my mind, bring it under the category of syphilis, according to the definition of syphilis?—It is attended with bubo of a most severe character.

824. Is it not usually followed by eruptive or other signs of constitutional disease?—I have not seen them; secondary symptoms are so rare in India.

825. Is your treatment for the most part local and general?—Both local and general.

826. What is your definition of the term infecting sore; that it infects the constitution?—Yes; I conceive these men are all, whether Sepoys or Europeans, more or less constitutionally affected, although there is no eruptive disease as a sequence.

827. Have you seen the infecting sore to any great extent; the hard sore?—Not the Hunterian sore; there are two other types which are more general that I have seen.

828. You have not seen the sore that is based on thickening or induration?—Not a thickening approaching the induration of the Hunterian type, but a thickening approaching the soft cartilaginous type, with the

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surface of the sore, internally, above, as it were, the surface, but the edges are regular of the sore itself, a granulating surface above the surface of the surrounding harder tissue. The other type is the ash-coloured, or the strumous sore, which is not circular, but quite irregular in form, the surface being smooth and ash-coloured. That is a sore that in India gives us our secondary symptoms; and then we have the excavated sore, no phagedenic symptoms attending it; a red, ripe, clean, bright surface, with the margins deeply excavated underneath; but that does not spread into phagedena. Then you have the phagedenic which is unmistakeable in its operation, for its destructive character is such in India that I have seen the whole glans carried away in 48 hours.

829. That is the third form?—Yes, and the largest.

830. There is a book written by Dr. Wallace, who calls this the phagedenic sore, with a white slough; it is the least active, is it not?—It is the most active in its destructive power; the ash-coloured slough is very slow.

831. Have you observed it going on under mercurial action?—I have a very strong objection to mercurial action in India, never using it, except as an alterative or topically.

832. What has your experience been with reference to an attempt at extirpation of the class of sore you have described, by caustics?—We have great power over the primary attack of venereal disease, or I would rather say at the onset of the disease in Europeans, from there being a rule that they shall be examined once every week. Every soldier is paraded for examination, or ought to be. There is a regular parade, and no soldier can have had the disease upon him more than one week before we see it—the majority of them in all probability for not more than two days—and, therefore, if the examination is well conducted, the first little pimple will be seen. On those occasions I have seen the nitrate of silver remove the approaching malady, a healthy surface produced, and an immediate cure of a sore, which I believe would have been an ulcer of a venereal character, requiring continuous treatment.

833. By whom is the examination to which you have just referred made?—It should be made by the junior assistant-surgeon of a regiment; I had to do it.

834. Would there be any objection to its being made by a subordinate officer?—It could be made by no other than a medical gentleman. I should be very sorry to trust an Indian subordinate of the medical staff.

835. As a matter of fact, the examination has been made by a junior medical officer?—I did it as the junior medical officer, and it was the first parade I ever attended; but it was conducted with very great decorum and propriety. The men were drawn up in companies in their barrack-rooms at Bombay, and I went round with the sergeant-major of the regiment; even the guards, when they marched off, were examined immediately after, so that no man escaped examination. We never examined the native troops in this way, only the Europeans.

836. Does an attack of the malady of which you have been speaking exempt the subject of it from a repetition?—Decidedly not; I have known a soldier suffer from venereal disease half-a-dozen times in a year.

837. By venereal disease in that case, you merely mean an ulcer?—Yes, either of the ulcers I have spoken of.

838. As to the possible or probable spontaneous origin of these maladies, do you believe that the common sore is invariably and of necessity obtained from some disease in woman?—I do most decidedly.

839. Have you ever thought about that, or experimented upon it?—

I have only known a superficial sore which affects only the external cuticle, that has not been a sore caused by contact with woman, and therefore not of a venereal character. I have known a superficial thin sore, that might be ascribed to want of attention to cleanliness. In the case of every other sore, we could tell with tolerable certainty that the individual affected had been in connection with women a few days previously.

840. Have you ever ascertained, when a soldier has been brought before you with a given sore, that that given sore has been produced by a similar sore in the person of the woman with whom he had had intercourse?—I could not do that.

841. In your judgment is there any peculiar constitution rendering one man more liable to disease than another?—Yes, I think, in the European, what I would term the nervous type, the irritable habit of body is more liable to it than the phlegmatic men; there are a sort of men who seem always to be getting into trouble with it, and others, again, who appear to be comparatively exempt.

842. How far is the liability to venereal disease influenced by age?—I could not give any reply to that; we have few aged soldiers—they are all young.

843. Have you ever witnessed the presence of venereal disease in boys under 18 years of age?—Yes, the young lads who come out as recruits are those who fill the hospitals the quickest with disease in either of the forms I have described; they are likely to rush to the bazaars the first.

844. From your experience you think that periodical examinations are serviceable?—I consider them essential to the well-being of a regiment.

845. Supposing that a non-commissioned officer was told that he must report any man who had any appearance of disease upon him, and he could, by attending in the hospital, acquire a certain knowledge, could not such a man determine whether there was disease or whether there was health in a man?—I believe that the secrecy practised in a barrack is such that no non-commissioned officer could acquire information of a man having such a disease, if the man liked to keep it from him.

846. How do you explain that—he would have as perfect an eye as a man of education?—Because it would not come before him. A soldier is capable of having such a disease upon him, unless there is a periodical inspection.

847. But what I mean is this—why should not a non-commissioned officer, for the sake of exempting the assistant-surgeon from a disagreeable duty, have that duty imposed upon him, and be compelled to report to the medical authorities that A.B. or C.D. was not in a state of health?—I have a very strong opinion upon that matter. From my knowledge of the character of the soldier, I think that no non-commissioned officer would accept the responsibility, always feeling that he would be as likely to assist in secreting it as the man himself.

848. Somebody must do it?—I should be doubtful of trusting such an important examination to the hands of a serjeant. I have known a man escape from my own eye, for it requires a very careful examination, and moreover it requires an influence over the soldier to induce him at such an examination parade to show himself sufficiently well, even for the practised eye of the medical man to detect the disease.

849. Influence is one thing, a practised eye is another thing. Could not the influence be given to the non-commissioned officer by the rules of the service?—That is a question which I would answer only in this way, that I have a very strong personal objection to the duty of the medical officer being in any way thrown into the hands of a non-professional man.

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850. You have now given a third reason, and they may be all valid reasons, but I still wish to know whether, if the rules of the service required a corporal or a serjeant to examine the men, with the view of relieving the surgeon from a very disagreeable duty, those rules would not be observed; and whether the serjeant having that duty imposed upon him, would not be as good a judge of a man's health as the best surgeon in England, although he might not be so good a judge of disease?—I do not meet that with a direct negative, but I must say that I do not think so.

851. *Dr. Balfour.* Do you think that the soldiers themselves would object to being examined by a non-commissioned officer?—I think that they would prefer a medical officer, most decidedly; and I think that it would be placing an unpleasant power in the hands of a non-commissioned officer. I believe that the soldiers would not like it.

852. Do you think that private ablutions are desirable. I mean conveniences, where the men might readily each day wash themselves?—Decidedly.

853. Do you think they would do it, if such accommodation were provided?—Decidedly, the soldier always accepts any opportunity afforded to him of maintaining cleanliness.

854. Do you think that barrack life is conducive to the moral force and the health of the soldier's mind, or might not the moral tone be improved by providing for him healthy and recreative amusement or occupation?—I should think so, decidedly.

855. Would it not create a current of healthier feeling, and divert him from the loose pursuits and debauchery of the place?—Decidedly.

856. You think that that would be desirable?—Yes, I do. Sir Hugh Rose has shown that lately by the extensive way in which he has introduced amusements and recreations into the camps, such as gardens, and all kinds of sports, and also by inducing the men to work at their trades. And the men have accepted this most willingly. By occupying their time you will keep the soldiers from running into this debauchery, but as to whether it will remove the desire which leads them into debauchery of a venereal character, is quite another question. I think that occupation would reduce it.

857. At all events you think it would be a movement in the right direction?—Yes. I may mention to the Committee, that after the campaign in Central India, the troops became stationed at Gwalior, a large native city, with bazaars teeming with prostitutes; and the men, having for more than a year been prevented from having intercourse with women, naturally sought them, and disease became so rife amongst them, that, after consultation among the medical authorities, in conjunction with the military authorities, it was decided to form a bazaar for these women in connexion with the regimental lines, in consequence of the cases of venereal disease forming an immense proportion of the sickness in the hospital. These women were placed under the charge of a female superintendent, who was bound to report any appearance of disease, through a serjeant appointed for the purpose, to the medical authorities; the women then, if found upon examination, to be diseased, were placed under treatment, and the result of this arrangement was that the men avoided the city prostitutes, and the disease almost disappeared from the regiment.

858. Were the women, when found to be diseased, removed?—They were placed under medical treatment in a female ward, or in a room attached to a female ward in the hospital, or what would have been so; they were separated from the men.

859. *Dr. Babington.* How long did this arrangement continue?—That I am scarcely prepared to say, but at least for three or four months.

860. Do you think that personal surveillance is desirable in the case of the women, or that it is necessary, or objectionable?—Most decidedly, I would have them examined.

861. If such a rule were carried out, it would necessitate the building of Lock hospitals in all garrison towns?—If they are not placed under surveillance and treated separately from the men, whatever arrangement you can make for those poor creatures will not be sufficient to deter them from allowing sexual intercourse. They are lost to the world at large, to do any good for themselves. They must have a living, and if they are only to be under surgical treatment, while left to shift for their own provisions, their only mode of gaining them being sexual intercourse, it will go on in spite of disease. It does so with the native woman, who is proverbially clean, much more so than our European women. I may mention that I never saw indurated chancre in a Sepoy. Bombay teems with European prostitutes, and so does Poona, but when I have seen an indurated chancre, it has been upon the European and not upon the native.

862. When you say that secondary symptoms are very uncommon in India, do you mean among Europeans and natives?—Yes, equally so; I may mention that on going out to India with the 78th Regiment we landed with some cases of secondary disease, but they rapidly disappeared. It seems as if the temperature is such that the usual attendant symptoms are not developed. We do not see so much of that rheumatic tendency, the formation of node, nor that kind of sore throat in India that I have seen in this country, nor the eruption.

863. Do you think that all venereal disease is syphilis?—That is our ritual in India by the form that we have to fill in.

864. What is your treatment of the venereal disease that you find there?—I must take the three forms.

865. Be good enough to take the ash-coloured first?—The ash-coloured I have treated generally, if not inflammatory, with the black wash, or the yellow wash locally. With the hydriodate of potash, and sarsaparilla internally, and with alteratives in the form of Plummer's pill, night and morning, in small doses, five grain doses for eight or ten days; that is for the ash-coloured.

866. What is your criterion for leaving it off?—We never allow anything like an approach to mercurial effect to be produced in the European. I should seek, if I expected the mercurial effect, for fetor in the breath, when I should leave it off immediately. Generally, I should like to be enabled to leave it off within about ten days, from its and the accompanying treatment, producing a cure.

867. Have you any substitute in India for mercury?—Yes; there is a remedy called *muddar*. It is procured from a sort of gigantic creeper. We can procure it in the bazaars, as a sort of gum, a product mixed with a good deal of earth. It is generally like earth and gum mixed together, or we get it in the fibre from the trunk. It seems to be like an elephant-formed creeper in nodules.

868. Is it well known in India?—Yes; on the west coast throughout the Bombay Presidency it is used both for syphilis and what we term the venereal disease, and for that fragmentary form of leprosy. The natives give it in large doses in leprosy to arrest the ulcerative process that is cutting off the toes and fingers.

869. Will you kindly inform us what this "muddar" is?—I have never used it with the Europeans whom I came in contact with. When I had charge of a native veteran battalion on the coast, I had several bad cases of venereal disease in the hospital in broken down men: several cases of this leprosy also: and talking of what we should do, the native apothe-

Mr. Stuart. cary who had been there for many years, told me of this remedy. I then authorised him to go to the bazaar and procure it, and I reported on it to the medical authorities.

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870. What was the effect of the remedy?—It appeared to me to act very much as mercury does.

871. Did it affect the gums?—No; but it produced fetor in the breath, without producing any affection of the gums, or any flow of saliva, and nothing more.

872. Did it produce an improvement in the character of the sore?—Yes; even in the leprosy, even when the ulcerating process was going on, cutting off the ends of toes and fingers.

873. It is not a specific?—No; I do not conceive it to be so; I conceive that it might be used for many things of the same character, when there is a phagedenic tendency, and the destructive power is going on extensively. In phagedenic ulcer, local treatment I look upon as most important, viz., a free application of nitric acid, and a man must have no fear about it, for the disease will take off the whole affair within forty-eight hours. I have seen a little sore in the morning, not bigger than two pins' heads, half across the glans before the next morning, in both Europeans and natives. We had it horribly in Poona in 1846. I saw more syphilis that year in my native regiment than I ever saw in all my experience of native regiments afterwards in ten years. It raged in the bazaars.

874. Will you be good enough to state the form in which you gave the remedy you have spoken of?—I gave it as a pill when I had the gum, and as a decoction when I had the plant itself.

875. You have seen secondary symptoms in India?—Yes; following upon the ash-coloured sore.

876. Have you ever known them to occur twice?—I could not say. As a matter of course I treat the phagedenic sore generally as well as locally.

877. Do you treat the European and the native in the same way?—Yes; quite so. I have mentioned the treatment of the ash-coloured sore, and the next one will be the excavated sore. There we have a clean surface, and I always treated it with a soothing topical application merely to keep it clean.

878. Of mercury?—No; the hydriodate of potassium and sarsaparilla and general tonics. And one particular system, which I have always found my brother medical officers were as careful as myself in, was this, that directly there was a sign of suppuration coming on in the groin, mercury, even if used under any circumstances, must be left off locally or internally, as it would be only adding to the mischief. In the bubo, excavated and phagedenic, I should abhor mercury. I do not like it in any form or shape. In the treatment of phagedena we kept up the system by tonics. Sometimes it was necessary to give powerful stimuli really to maintain power.

879. When you say that there are no secondary symptoms in India, are there no sore throats?—I have rarely seen them. The secondary symptoms, most prevalent, have followed the ash-coloured sore, and then there has been a raised pimple of an irregular character upon the skin, with a sort of lepra-looking furfuraceous powder on the surface, that I have seen spread rapidly on the face, and arms, and body generally.

880. I suppose you have not seen tertiary symptoms?—I have only seen them as the result of the treatment of cases which have happened away from the medical men in the native bazaars, in localities such as the poor supply. They have caught the disease and have been left to

themselves, and then they have come in,—probably as much the result of bad feeding and a broken-down constitution as anything else,—in a frightful state. What they do we do not know.

881. *Dr. Balfour.* Have you paid any attention to the state of the inguinal glands in the different forms of sore which you have described?—No further than as far as my recollection will serve me. I would say that the sore by which the inguinal glands are most affected is the ash-coloured sore. I have rarely seen it with the phagedenic sore, unless it has been treated with mercury; and then I have seen sometimes a very sad state of matters.

882. Do you mean that suppurating buboes have been formed?—Yes, in the phagedenic, under such circumstances, as if every inguinal gland was affected, running one into the other.

883. Have you observed whether there was enlargement of the glands without suppuration; a hardening of the glands?—That I have seen, even with gonorrhea; we get that as the result of irritation, in India, even with gonorrhea; if you merely mean the hardened gland.

884. Do you mean by that, a hardened thickened gland?—I have never seen them suppurate; I have only seen, accompanying the ash-coloured sore, a single suppurating bubo; and a chain of buboes I have only seen in the phagedenic, when there has been malpractice at its commencement, with a broken-down constitution.

885. *Mr. Cock.* Do you find that there are certain men who, from the peculiar formation of their genitals, I mean with a redundancy of prepuce, with phimosis in different degrees of intensity, either preventing the retraction of the prepuce internally, or preventing it when the organ is in a state of erection, or with a very short frenum which binds the prepuce down to the glans, and perhaps a few other deformities of this kind are much more liable to contract sores, either syphilitic excoriations, or when there is any infection, venereal sores?—Most decidedly; and I will give you an instance. Gonorrhea, preponderates in the Hindoo over the Mahommedan. The Mahommedan, as you are aware, is circumcised. The Hindoo would lose his caste if he was; therefore, the mother rather encourages in the infant the growth of the long prepuce, and they are a class among whom we have the largest amount of gonorrhea and venereal disease.

886. And that renders attention to cleanliness much more difficult, does it not?—Yes.

887. Would it not be well, and might it not be managed, that such remedial measures should be applied to the soldier as are recommended to patients in this country, such as removing part of the prepuce, and dividing the frenum, when awkwardly short, or to perform any operation that would tend to render intercourse more easy, and less liable to mischievous consequences?—I do not feel myself quite justified in answering that question. I can only say what I should feel. I should say that I would do so decidedly. We have never had such a thing suggested; but the first thing that we do, or that I always did, with natives or Europeans, when a man came in that condition, was to lay open the matter, whether he liked it or not. That was, of course, when the malady was upon him. As to being a preventive, I cannot say a word.

888. *Dr. Donnet.* Do you believe that amongst the Indians the disease, once contracted, more readily wears itself out?—I should say that it does. That is to say, that the native is more readily cured of the malady than the European, and they are not liable so much to syphilitic disease, if you mean by that "wearing out."

889. They are not liable, in your opinion, to secondary syphilis from the influence of the climate?—I am able to say this, that when secondary

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disease is carried from here to India, it is rapidly got rid of. I know several brother officers of mine who landed in India with secondary disease. They had suffered in this country because they left India for a short time to come home, and they then had one attack after another in this country, but within a few weeks of their arrival in India it disappeared entirely, and they had no further trouble.

890. *Mr. Quain.* I think you stated you had used mercury only in one kind of primary disease—the ash-coloured?—Yes. I did not see its necessity in the others. It is prejudicial rather than otherwise, except only in a modified way. I never gave the blue pill.

891. Was the treatment of the constitutional disease, whenever it occurred, by mercury?—Then I met it with minute doses of the chloride—the corrosive chloride and sarsaparilla.

892. Will you be good enough to mention the dose?—The 18th of a grain was the usual dose. From a 12th to an 18th three times a day, with a couple of ounces of the decoction of sarsaparilla.

893. How long was that continued, or what was the test that you had for stopping it?—It would be stopped immediately if there was the slightest fetor in the breath. That was watched for. The hope was that it would not be seen, but simply that under its use the malady would disappear, and as it disappeared the remedy would be stopped; but the slightest fetor in the breath would indicate its immediate discontinuance.

894. You said that at some places the symptoms of the venereal disease were very bad, and that phagedena prevailed to a greater extent than at others. To what do you attribute that? To the condition of the men, or the insalubrity of the place, or to the condition of the women?—I would ascribe it entirely to the condition of the women in the bazaars.

895. Are the native troops examined as you said the Europeans are examined, to ascertain the presence or absence of disease on the genitals?—No; they are not.

896. Are the native soldiers as often laid aside on account of the venereal disease as the Europeans are in India?—No; they are not. The venereal disease is less extensive amongst them.

897. To what do you attribute that greater immunity of the natives?—To the fact that they are permitted to marry on proof being given to the commanding officer that they are able to maintain a wife, and are men of good character. Under these circumstances, marriage is rarely refused by the commanding officer. Again, I attribute it to their being permitted to have mistresses, who live with them as faithfully, and are cared for as well as if they were their wives, and also to their own habits of personal cleanliness.

898. Do you attribute it to any other circumstances than those?—for instance, the diet and habits of the European soldier—any part of the greater prevalence of disease amongst them?—No. I should not say so at all, except that you might say that the tendency of the one is to drink so much more than the other. Drunkenness, as a matter of course, and contact with women, are, in my opinion, two evils which you have together. The native is not a drunkard, and there is very little drinking indeed among the native troops, only among the low caste natives. We have them in Bombay much more than they have them in Bengal, because there they never enlist any but Brahmins and Mahommedans of high standing, and they do not drink. We have a general system of recruiting for the regiments in Bombay, and they enlist them there from all classes—from the high caste Brahmin to the low bunga sweeper, who takes away the human ordure. But these men will stand shoulder to shoulder in the lines, and they drink.

899. Do you attribute the immunity of the natives in any degree to their diet?—No; I should say not. I should ascribe it to their cleanly habits, and the circumstances I have related, in addition to the avoidance of drink. I think that that is the great thing.

900. *Dr. Wilks.* Is constitutional syphilis so rare, and the ill-effects of venereal disease due to local affection so rare, that the men are therefore fit for duty in the majority of instances in a few weeks?—Yes. They are much more rapidly fit for duty. In the majority of cases they are fit for duty in from a fortnight to three weeks at the outside.

901. What proportion do you think? nine out of ten?—No; I should should say about seven out of ten. You would get about that proportion. From a bad habit of body, some people will hang on longer in the hospital than others.

902. I understood you to say that you had no objection to examine the men. Have you any knowledge of the feelings of other surgeons in the army generally upon that point?—No.

903. Do you think they would object?—I should only say that I hope not. I feel that it is their duty.

904. *Mr. Spencer Smith.* You have mentioned, I think, four descriptions of sore?—Yes.

905. One of them, the hard one, which is very rare?—Yes.

906. Are you able to state what proportion the ash-coloured sores bore to the others?—No; not without reference to returns.

907. Was it much more common, or much less common?—There were periods at which we had the phagedenic sores occur, as I mentioned, on one occasion at Poona, in 1846, when it was out of all proportion; and then again you would not see a case for some years. The general type was the yellow and ash-coloured, that was the most common.

908. Are you acquainted with the Contagious Diseases Act?—I only heard of it from Dr. Babington a few days ago.

909. From what you have heard of it, do you welcome it as a useful measure?—I do not think it goes far enough.

910. *Chairman.* Is there anything further that you wish to communicate to the Committee?—No. I may say that I consider the soldier is a forced celibate, that his passions are stronger than those of most men, on account of being recruited when young, with his health uninjured. He is then thrown into large towns without occupation, and after his duty is over he is met on all sides by temptation. I conceive that, under these circumstances, the best plan to adopt to prevent him from coming in contact with disease, and to restrict his tendency to seek relief to his passions among a mixed class of prostitutes, is to increase the proportional number of marriages among them; or to have attached, or under supervision somewhere, in some mode, a collection of residences, in which women that might be available for them should be placed under close supervision, and who, if diseased, should immediately be placed under treatment, and be provided for until they were well, so that no further contact with the soldier could occur. I believe that the soldier otherwise seeks his pleasure where he can get it the cheapest. He will try, if not a drunkard, and a respectable man, to get it from our kitchens and our servant maids, and thereby increase proportionally the amount of vice; but he gets it there for nothing, and something more perhaps—food into the bargain. I believe that there are very few residents in London who do not hear from their friends, or who do not know personally the way in which their servants are haunted by these men; and if a man cannot get at these people, he seeks for women in the lowest haunts, where they are the cheapest.

The witness withdrew.

Friday, 27th January, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Peter Comrie, Esq. (Assistant-Surgeon of Her Majesty's Ship "Edgar"), examined.

Comrie. 911. *Chairman.* Will you state first, if you please, how you divide the venereal sores?—I divide them into the infecting and non-infecting, the hard and the soft.

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912. You are aware that there is a soft sore which produces secondary symptoms, and which is termed the phagedenic sore?—I have had no experience of this variety of sore.

913. Have you any doubt of the purely local character of the common soft sore. I mean that it does not affect the constitution?—As a rule, if it can be diagnosed, I do not think it does. There may be a doubtful diagnosis, and it may be injurious afterwards.

914. You believe that the true soft chancre does not affect the constitution?—I do.

915. Do you treat it with mercury at all?—No, I treat it locally.

916. When do you consider the constitution of the subject infected, after intercourse, leading to an infecting sore?—I consider that the constitution is infected when the inguinal glands are indurated, and when the post-cervical glands are involved.

917. Not from the date of the intercourse?—I do not consider that it often takes place immediately.

918. If the thickening in the infecting or hard sore were entirely removed by escharotics, or by the knife, do you think that would render the subject safe?—I do not. I consider that the induration of the sore is not so characteristic as the induration of the inguinal glands.

919. The induration of the sore comes first?—Yes; and I believe that you may, in many cases, be deceived in the induration of the sore itself, but never in the induration of the inguinal glands.

920. You would not trust to escharotics or the knife?—No.

921. Supposing a man to have an infecting sore, that is, what is called the indurated sore; if the thickening were removed by escharotics, or by the knife, you think that the glands in the groin would still be affected?—I do; I do not consider that removal would be of any use where the glands of the groin are involved.

922. But I spoke of the removal prior to that?—I have never been able to diagnose correctly an indurated sore if the glands of the groin were not involved.

923. Do they come on simultaneously?—I have observed it to be the case in my experience.

924. Do you treat the primary infecting sore with mercury?—Generally with a very small quantity of mercury. I give it slightly, to affect the mouth, but very slightly.

925. In what form do you administer it?—It is generally given in the form of blue pill, combined with a little opium, half a grain or a quarter of a grain.

926. Does the mercurial action such as you have described exempt the constitution of the individual from secondary disease?—I believe that it lengthens the period or prolongs the evolution of the secondary symptoms, but that it does not prevent them.

927. It lengthens the period prior to the manifestation of the secondary symptoms?—Yes.

928. What do you think the mercury does; how does it act in such cases?—It acts much the same as any other depurant acts.

929. That is purifying?—Yes, it acts on the emunctories.

930. It has a tendency to act upon the emunctories?—Yes; it stimulates them.

931. Have you used the iodide of potassium largely in secondary disease?—Yes, a good deal, nearly in all secondary disease.

932. Have you had faith in it?—Yes; to a certain extent as a tonic, but not as an anti-syphilitic.

933. You think that a tonic remedy antagonises the syphilitic poison?—I do in many cases, because there is an anemic condition of the system produced by the disease.

934. Are all tonics available more or less, or merely that one?—I think that all preparations of iron are available.

935. What do you consider to be the relative frequency of the two kinds of sores?—I think it varies very much at certain times, but as a rule I should say that there is about one infecting sore to four or five soft ones, although there are times when there is a run; for instance, I have known it in ships going to certain places where there has been a run of infecting sores.

936. How do you account for that?—I think that the nature of the prostitution may account for it possibly, and that they, the prostitutes, want the facilities for cure; and perhaps on account of their being few in number.

937. Do you mean to say that one woman might have intercourse with many men?—Yes; and by that means would infect a greater number.

938. But why should that produce one character of sore rather than another?—I think that in many places where there are but few prostitutes, one or two of those having infecting sores upon them, would of course contaminate a larger number of men than where prostitution was more general.

939.—True; but one or two of those women might be the subjects of soft sores, and it seems to me to be rather a non sequitur that those women should have the hard sore. But I presume you think it depends entirely upon the character of the sore that the woman has?—Yes; I do.

940. Therefore it may at one time be one sore and at another time be another sore?—I have never observed it in one place to vary so much as I have observed it in going from place to place; in the cases that have come under my notice I have found that they varied in this way, that one place produced a greater number of soft, and another place a greater number of hard sores.

941. Do you consider that an attack of syphilis exempts the subject

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of it from a repetition?—To a certain extent I think it depends upon the length of time that may have intervened and upon the severity of the symptoms.

942. What do you mean by length of time that may have intervened?—I mean the lapse of time since the person had the last syphilitic attack.

943. You think that it gets worn out?—Yes; in course of time it is capable of being worn out.

944. Can you mention any time—years or otherwise?—I have known cases in which a man has had an indurated sore after two years from the time when he had the last constitutional symptoms.

945. Has he obtained that local indurated sore upon the penis from fresh intercourse?—Yes.

946. You are clear of that fact?—Yes; as far as it is possible to rely upon the evidence of the man himself.

947. The evidence of the secondary disease you only obtain from the man himself?—No. When I have treated him for secondary symptoms, he has come with an indurated sore afterwards.

948. That was conclusive evidence?—Yes; I consider it was. What I meant to say was this in a case of this sort: You asked me whether he had had a fresh connection, and I said yes. Of course, in that case the evidence is the man's own word. I did not mean as to the sore itself.

949. Do you believe that a non-infecting sore can arise spontaneously? that is, that it can be obtained from a woman who has not got it, or who, at all events, has no actual disease, such as leucorrhea, or gonorrhea, or something else?—I believe it may arise from dirt and neglect of personal cleanliness; but, of course, I have never had any opportunity in regard to experience of knowing.

950. What has your experience been of the general influence of secondary disease on the health of the affected person after a short or a long interval, although ultimately entirely recovered?—A great many ultimately recover, but an immense number are lost sight of through being invalided, or sent to hospital with other diseases, such as phthisis, rheumatism, and other affections. There is a very large proportion of phthisical affections, which apparently take their rise from the depression produced by severe attacks of secondary disease.

951. Have you ever observed whether there is any peculiarity of constitution which renders one man more liable to disease than another?—I think I have noticed that strumous or scrofulous people contract sores more frequently than others. I do not know that they have contracted infecting sores.

952. But the non-infecting sores?—Yes.

953. Does the intensity of the secondary disease hold relation rather to the primary sore? If you see one, can you say that a man will have severe secondary symptoms, or does it hold relation rather to the constitutional character of the affected person?—I think that the constitution has more to do with it, as far as I have observed.

954. Have you ever observed cases of true syphilis in young persons under the age of 20?—I have seen several cases in boys.

955. Of real syphilis?—Yes; under the age of 19.

956. With regard to cases of relapse in the constitutional disease after presumed recovery, do you think the disease has the power of regeneration, and that after a man is supposed to have recovered, he is occasionally liable to a relapse?—Relapses very frequently take place after the men have been discharged as cured.

957. Then the disease would appear to have the power of regenera-

tion in the system?—It seems to break out at intervals. I do not think that there is any fresh manufacture of the disease—no fresh poison.

958. How do you consider that a sore is obtained by sexual intercourse? that is, what is the immediate and direct mode in which the poison passes from one to the other?—By a healthy person coming in contact with the fluids of a sore in a person suffering from syphilis.

959. Is it from lesion or from imbibition?—It may be both. If there has been any excoriation or tearing in the sexual intercourse, the absorption will take place more quickly.

960. Take the other alternative. Do you think that the poison can permeate the cuticle?—I do, as instanced by the numerous cases that we have of sores on the skin of the penis.

961. You give that opinion as the result of thought and experience?—It is the result of having seen many of these cases.

962. You believe that the poison can be taken in through the skin without lesion?—I believe that the first stage of the poison being taken in through the skin is a corrosive action on the skin itself.

963. Then it is not taken through the skin, but the skin is first destroyed?—Yes; I think the skin is partially destroyed.

964. Do you approve of periodical examinations of the men?—I think that, under certain circumstances, where the men have not had constant night leave, it would be desirable; but in home ports, when the men go night after night on shore in their watch, or when leave occurs, periodical examinations would not be attended with any result at all. Upon a ship going to sea for a time, or going abroad, I think that examinations would be very useful and desirable.

965. What is your opinion of the utility of private ablutions, and of further facilities being afforded for them?—I think that an immense amount of disease in ships is caused by the want of such accommodation. There are no means for private ablutions at all.

966. How far would private ablutions preserve the men from disease who may have had intercourse say some few hours previously?—That would depend altogether upon where the poison was deposited. No doubt absorption takes place much more quickly on the mucous membrane than it does on a thick membrane such as the skin, and believing, as I do, that it takes some time for the poison to corrode the skin, I believe that those sores which the men have so much on the skin of the penis might be prevented in that way.

967. It is a great question to determine how far ablution can antagonise the poison of syphilis obtained by sexual intercourse. Do you think it is possible to improve the moral tone of the sailor by affording him recreations and games when he is in port?—I think that if he had some proper place to go to when on shore it would have that effect. At the present day there are Sailors' Homes, although they are not very well suited for them, for they have no games or amusements there, and they are more for men actually staying there for a time than for casual visitors.

968. You would encourage the men to enter the hospital when they required treatment?—Yes.

969. Under a penalty?—I think, to a certain extent, if there were stoppages made that the men would be less reckless than they are now. We have no hospital stoppages under a month in hospital.

970. What do you mean by hospital stoppages?—I mean that a man gets his pay free of deduction, if he is not more than a month in hospital.

971. *Dr. Balfour.* And if he is in longer, what happens?—Then there is a certain deduction made, but it depends upon whether he belongs to the continuous or the non-continuous service. If he is a con-

tinuous service man he is allowed to remain three months in hospital, subject, after a month, to certain deductions. But in the case of a non-continuous service man, his pay is stopped after being a month in hospital.

972. *Chairman.* Are there any penalties inflicted for concealment?—There is a section in the new Discipline Act that meets that; but I have never known it to be acted upon. It says that if any man delays his cure, or aggravates his disease, he is liable to be tried by court-martial.

973. Are you of opinion that it is not very uncommon for them to aggravate their diseases for the purpose of going over the thirty days?—It is so in the case of marines especially, who get discharged to head-quarters at the expiration of thirty days. I believe that that is very frequent; indeed I know it to be so in the case of the marines. They have in many cases concealed their disease, and aggravated it, in order to ensure being sent to head-quarters, and to run over the thirty days.

974. Just for the love of change?—Yes. There is another thing confirmatory of that. Some time ago, upon the marines going to prison, being sent to a naval or military prison, for more than thirty days, they were discharged the ship, but this was considered by the Admiralty to predispose so much to the commission of minor offences, that now a marine, for whatever period he may go to prison, returns again to his ship.

975. *Dr. Donnet.* Are you aware that the marines are better paid on board of ship than they are in barracks?—Yes, of course they are; but still I do not think that that prevents them doing what I have said when they find a ship uncomfortable, or when they wish for a change; and as marines thus discharged go to the top of the roster for casual embarkation, it does not thus affect them.

976. *Chairman.* With regard to the women, is it your opinion that personal surveillance is desirable and necessary, or objectionable?—I think it is very necessary.

977. You would have that done thoroughly and universally?—Yes.

978. Would not that entail the necessity of building Lock Hospitals?—Yes.

979. Do you think that if the precautions you have suggested were carried out thoroughly, the disease of syphilis would be largely diminished?—I do.

980. Are you familiar with any foreign port or station at which you have been stationed, where this plan of surveillance as to the women has been carried out with advantage?—I have been at three or four places, Lisbon, Gibraltar, Malta, and Corfu, and in those places the primary disease was very rare indeed.

981. *Dr. Babington.* Do you think that syphilis is much less prevalent than it used to be when you first entered the navy, or has any change occurred?—I think that it has been more prevalent of late years, and that there is a larger number of cases in proportion. The cases are not so aggravated, I think, as they used to be.

982. Is there any cause to which you can attribute that difference, or can you give any reason why it is more prevalent now than it used to be?—I think there is one reason that may perhaps account to a certain extent for the greater prevalence of it, that is, from the treatment of the disease being so very much milder than it used to be, and by not necessitating confinement to the same extent that it used to do when the mercurial treatment was more common. I think that men go about more, and are very likely to spread the disease.

983. Have any measures been adopted in the navy since you entered it to prevent the disease?—Not that I am aware of. There have been in some ships occasional inspections ordered, but nothing more. In the

"Edgar" it was ordered by Admiral Dacres, I think, on two occasions.

984. Are women ever admitted on board any of the Queen's ships when they come into port now?—Never; not since I have been in the navy.

985. You may have heard that it was the case formerly?—Yes; I have heard that it occurred in the Chinese war, and in places abroad I have heard of it.

986. Do you consider that gonorrhea is occasioned by a specific poison, or otherwise?—I do not think it occurs from syphilitic poison.

987. Have you seen secondary symptoms arising from gonorrhea?—I have seen secondary symptoms, when I have known that the person had had gonorrhea some time previously, and he has attributed them to the gonorrhea, but I have never been quite certain that they did not arise from a chancre in the urethra.

988. Have you seen sore throat and rashes?—I have seen rashes arising from copaiva occasionally, more than from gonorrhea.

989. What is the average time that it takes to cure the primary symptoms of syphilis?—It is a very difficult matter on board ship to say what time it takes, because very often men are sent to hospital and you lose sight of them; but the treatment on board ship on an average varies, I think, from about a fortnight to three weeks.

990. Is there any examination of the men after they come back to the ship?—Yes; they are examined when they come back from hospital, not when they come back from leave.

991. The healthy men are never examined?—No; not as a rule.

992. *Dr. Balfour.* You have stated, I think, that you consider the hardness of the sore to be characteristic of its being infecting. Do you find the hardness at all affected by the locality in which it occurs?—You rarely find any hardness on the glans. You do not find much induration in sores situated on the body of the penis.

993. How would you distinguish an infecting sore occurring on the glans or on the body of the penis without hardness?—By the induration of the glands of the groin.

994. You stated also that you were sometimes deceived as to the hardness of a sore. What gives rise to error in that case?—Very often, before the men come to us, they apply the sulphate of copper; a very common remedy in the lower deck of a ship. Nearly every mess has a quantity of it, and that induces a certain amount of hardness occasionally.

995. Then you would not consider a sore to be an infecting sore, although it was hardened, unless you found also an induration of the glands of the groin?—I should consider that a matter of clinical observation.

996. Do you employ mercury in the treatment of secondary syphilis?—It is employed in the form of the bichloride in small doses a good deal.

997. Is it pushed to the extent of salivation?—Never.

998. In what dose do you give it?—It varies generally from a 10th to a 16th of a grain. It is frequently a 16th of a grain three times a day, combined very often with sarsaparilla.

999. Have you found that climate has much effect upon the duration of primary or secondary symptoms?—Not so much in the primary disease. The climate that I have had most experience of in cases of secondary disease was the climate of the Mediterranean, which I think aggravates the secondaries very much.

1000. Do you mean the summer climate or the winter climate?—The time when I was there it was partly the winter and partly the summer, and of all the secondary cases that we had there, we had to invalid a good many of them. They all did very badly.

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1001. You have mentioned the influence of surveillance over the prostitutes in reducing the amount of venereal disease in the Mediterranean. Is it not the fact that there is a larger amount of venereal disease at Gibraltar than at Malta, although the same regulations are avowedly carried out?—I understood so; and I understood also that the reason is this: They say in Gibraltar that a great many women come in for the day from St. Roque, who are avowedly prostitutes, but who are not registered in the town, and that these women spread a good deal of disease about Gibraltar.

1002. *Chairman.* You mean Spanish women?—Yes; and directly they get ill, they go generally to St. Roque, and stay outside as a rule.

1003. *Dr. Balfour.* So that they are completely removed from the surveillance of the Gibraltar police?—Yes.

1004. *Dr. Donnet.* Do you believe that by treating the primary lesion with mercury you ward off the progressive stages of the disease?—No.

1005. Do you consider that on the appearance of the primary lesion, cauterisation would have any effect in destroying its infectious properties?—No; I do not think so. As a rule, the sores have existed too long, generally speaking in my experience; and even if they had only just appeared, I do not think it would have been of any use.

1006. When a man presents himself for medical treatment, have you not found much difficulty in ascertaining his previous medical history?—A very great deal. There are no means of tracing it.

1007. Do you think that by tabulating the medical history of each man upon his parchment certificate, this difficulty may be overcome?—Yes, it would be; and it would be a great advantage to the medical officers of the navy. It might be done with the continuous service men and marines.

1008. Would this history, if tabulated, in your opinion, prove injurious to the men in the navy?—I should think not. I should think it would be beneficial to the service to know whether a man had been constantly in hospital or not.

1009. As a general rule, when a man joins a ship, his parchment certificate is seen by the executive?—Yes.

1010. Would that not be prejudicial to a man on joining another ship?—Yes, perhaps; to that individual; but the service would gain by a man's character being known, and whether he has been constantly labouring under diseases requiring long residence in hospital. I think that a man would perhaps be less reckless in his conduct under those circumstances, and as a continuous service man's offences are now registered, I see no reason why his medical history should not be so also.

1011. Would you, as an examining medical officer, reject a man, though sound at the time of examination, on your ascertaining that he had been the subject of constitutional syphilis?—Not if I considered that the disease had died out as it were. If it was an attack in its active stage, apparently with glandular influence and other symptoms, I should decline him.

1012. I am supposing that he is sound at the time of examination?—Then I should accept him.

1013. Do you believe that the syphilitic poison is ever entirely eradicated from the system?—I believe that in the majority of cases it is eradicated from the system.

1014. What are the accommodations that could be afforded to the seamen on board ship for the purposes of private ablution and of cleanliness generally?—In the "Warrior" there were water-closets fitted amidships, in addition to the usual head accommodation, two of which they did

not require, and they used one of them, or I believe two, one on each side, provided with basins and water for this purpose, and that was attended, I believe, with very great advantages. I see no difficulty in any ship in making the same arrangements, and fitting up a bath-room, or bath-rooms, in that way.

1015. Do you think that that might be done with very great advantage?—Yes. I believe it was considered that that arrangement prevented disease. I believe it was thought to be beneficial in preventing syphilis.

1016. Would immediate ablution, in your opinion, prevent disease?—I think that in a great many cases it would.

1017. You objected, in your answer to the Chairman, to the periodical inspection of men in home ports. Do you think that these inspections might be carried into effect on foreign stations?—I do; anywhere where there is not regular night leave given. Night leave renders them almost useless.

1018. Do you think that any objection might be made by the men to these inspections?—I do not think so. In the "Edgar" Admiral Dacres ordered inspections of that kind to be made on two occasions, if not three. With the exception of one or two, I do not think that there was any objection, and two of these were afterwards found to suffer from the disease.

1019. Do you think that the medical officers themselves might consider that it was a disagreeable duty imposed upon them?—I consider that the medical officers, or most of them, would do any duty that they did not consider was superfluous in the way of preventing disease, and their only reason for being opposed to periodical examinations would be that under the system of night leave such examinations would be useless.

1020. Have you ever considered the benefit that seamen might derive from the establishment of seamen's barracks?—I think that any change from the system which exists at present—the men having no place to go to when they go on shore—would be a great improvement.

1021. By the facility afforded in these barracks of getting a bed for the night, do you not think that it would be a means of checking immorality?—I do.

1022. Do you know what feeling prevails in the navy respecting the establishment of these barracks?—The feeling I know amongst a few of the older officers is that it would be converting a sailor into a soldier.

1023. Do you know whether many seamen frequent the Sailors' Home?—They do not, unless it is those who actually live there, and have no other place to go to. There are very few. I looked over the books the other day to see the number that had gone there for a meal, and there were very few indeed. The Portsmouth Sailors' Home is a very well arranged home, but it is entirely intended for men who stay there permanently. Very few go there for an occasional visit, and the nature of the publications that are provided by very well meaning people are not of that light or amusing nature which the men generally like. We have had experience of a reading club in the "Edgar." The men belonging to it took in "Chambers' Journal" and "All the Year Round," and different magazines; but upon looking over the publications at the Portsmouth Sailors' Home, I found that they had the "British Workman" and the "Sunday at Home," and one or two others of a similar nature, so that they really do not make the place a place of resort. I think that amusements would be more suitable for them, and it answered very well in the "Edgar," where the men subscribed so much a month towards a reading fund. From talking with the men, I am perfectly

Mr. Comrie. convinced that if Sailors' Homes were more like places where the men could go and find amusement in a good library, it would prevent a great
27 Jan. 1865. deal of the immorality that goes on in seaport towns. I consider also that Sailors' Homes are too expensive, for upon enquiring into the expense of boarding I find that it costs a man 13*s.* a-week to live there.

1024. Is the present mode of giving leave in the naval service, in your opinion, the best that can be adopted, or are you aware of any alteration that might tend to lessen the disease?—I consider the present system of night leave to be a great evil; and unless the authorities consent to give up drills and a variety of things that go on now, I dare say there would be difficulties in the way of giving day leave.

1025. Do you think that a man in the first stage of drunkenness is more predisposed to infection?—I think he is more likely to be reckless as to who he goes with. I do not think that being under the influence of drink would more predispose him.

1026. Do the men themselves consider it a disgrace to contract the disease?—No. I do not think it is looked upon either in one way or the other.

1027. Do they not look upon a man who is frequently on the sick list for venereal or syphilitic disease in the light of a malingerer?—I do not think that the men themselves consider these things very much. I think that there are so many men treated for disease on board ship, and that the duties of a man going on the sick list in that way rarely press upon anybody else. Those are the only circumstances under which the men would look at it, and, as a rule, there are so many men on board a ship that that is rarely felt.

1028. Would it, in your opinion, be beneficial to disseminate among the men certain principles respecting the appearance of the disease, so as to enable them to present themselves immediately on any suspicious appearance?—It might be very useful, but I doubt very much whether it would be much attended to, because no man would, in a home port, present himself with any venereal affection, or indeed any other affection, as long as he could conceal it while night leave is going on; and for this reason, that being put on the sick list entails confinement to the ship.

1029. Is there any objection to the greater encouragement of marriage among seamen?—I think that it would be very advisable if a certain number of married men were borne in some way or other on the books of a ship, and that their wives should have some allowance made to them, such as lodging money, or a fixed allowance, or any other equivalent that would induce them to marry.

1030. Do not the married men make the best sailors?—I have had no experience of that.

1031. *Mr. Quain.* Do you happen to know the proportion of the married men, or do you know when the men are married?—The men are entered on the description sheet as "married," but it is not a thing that is very regularly carried out. I believe that the proportion in the "Edgar" is very small indeed. I think something above 194 out of 800, but I do not include the officers.

1032. Do you happen to know what the education generally is of the men? Are they capable of enjoying the books which you say are kept in the ship, or any great proportion of them?—Of late years there have been a great many men of very fair education in the navy. I forget exactly the number that actually belonged to this book club, of which I have spoken, but I think they are close upon 100.

1033. Are there any schools for the purpose of teaching the common sailors?—There is generally in the evening a screen put up, where the seamen's schoolmaster teaches the men writing and arithmetic.

That is frequent, but not to any very large extent. The boys are constantly taught every day.

1034. Is it imperative upon the men to receive this instruction, or is it entirely optional?—It is entirely voluntary on the part of the men.

1035. Is it compulsory as to the boys?—Yes.

1036. Do you believe that there are many men who cannot read and write?—There are fewer I think of late years, but I do not know what the proportion may be.

1037. But is it a diminishing proportion?—I believe it is.

1038. What, in your experience, has been the proportion of persons suffering from venereal disease in a ship; or what has been the average number in your own ship?—Out of a sick list, which generally averages in a ship like the "Edgar" from 25 to 35, and perhaps more than that, I should say that at least three-fourths are suffering from syphilis and its consequences.

1039. Are the persons suffering from primary sores put into a part of the ship which is appropriated as a hospital?—No. The men, unless they happen to be messed in the sick bay, where only a very small number can be accommodated, mess both with the primary and secondary disease on the lower deck in their own messes, and that I consider very unadvisable, although it is impossible perhaps to avoid it.

1040. Has the medical officer the power of regulating the diet of those men?—If he puts them on the sick-mess list. There is always a certain number of men kept in the sick bay who are victualled in the sick bay, such as men who are confined to bed, and other cases that require low diet, or a change of diet. Those cases the medical officer can regulate. He can regulate the diet of all men on the sick mess.

1041. All those who are not confined to their beds, mess, as I understand you, with the men generally?—Not all; there may be a certain number of the others who mess also in the sick mess, but the greater proportion mess in their own messes.

1042. With regard to ablution, do you believe that ablution on the genitals would be useful in preventing the excoriation which you say would lead to contagion?—I believe it would be a great advantage.

1043. As there is a natural tendency to excoriation, when ablution is insufficient, do you believe that inoculation might more readily take place?—Yes; I think so in many cases. I have frequently observed that ordinary attention to cleanliness has cured what you might suppose were soft sores.

1044. Have you known any cases of constitutional syphilis treated entirely without mercury?—No; I have not. Generally speaking the patients have taken very small quantities of the bi-chloride.

1045. What is the general duration, as far as you can recollect, of the treatment of an ordinary case of constitutional syphilis?—It is very difficult to answer that question. You send men so frequently to hospital, and then have them back again, that you can scarcely form an opinion upon it.

1046. What is the general condition of the health of those persons who have been treated for constitutional syphilis after their return to duty?—For a very long time they are very liable to suffer from other affections, respiratory affections and rheumatism.

1047. Independently of those affections have they any return or relapse of syphilitic disease?—I think I have got some statistics upon the subject. I find that there have been four cases of phthisis invalided, the patients having suffered from syphilis, one case of paralysis, and eleven invalided for different secondary affections.

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1048. Can you state how many were invalided for phthisis without having had syphilis?—No; I cannot tell you that.

1049. Then it is your opinion that those men had a predisposition to disease in consequence of the depression in their health, or the state of their health, produced by constitutional syphilis?—It is.

1050. Have you frequently seen relapses of constitutional syphilis, and the men requiring treatment again?—Very frequently. A great many men have relapses. I think that in nineteen cases there were two relapses in six, there were three in four, in one case five, and in one case seven relapses.

1051. *Chairman.* After being discharged to duty?—Yes.

1052. *Dr. Wilks.* My first question refers to one that Mr. Quain asked you just now. I did not perfectly understand your answer. You stated, I think, that patients die of phthisis, paralysis, and other disorders as the result of syphilis?—Yes.

1053. Do you mean that the diseases are syphilitic, or that they are followed up by cachexia, and a breaking down of the constitution?—I had only one case of paralysis, but in the cases of phthisis they were induced, I think, by the debilitating effects of the disease.

1054. You never returned a death as the result of syphilis?—No; not as the result of syphilis.

1055. Is there not such a thing known in the navy?—I have never known a case of death from purely syphilitic affection.

1056. It might be put down in the returns as having been brought about in that way?—Yes; but as a rule the return is generally made of the form of disease under which the man was last labouring when he died.

1057. Do not you think that in cases of paralysis, or in some similar diseases, they might possibly be the effect of syphilis?—In the case of paralysis to which I have referred, the history of which I was acquainted with when the paralysis took place, on examining the man I found an indurated cicatrix, and in addition to that a papular eruption on the body, and in some places pustular.

1058. You have stated that you have seen constitutional syphilis in a man who had had no sore?—Yes.

1059. With regard to women, do you think that a woman suffering from constitutional syphilis might, from her discharges, give the disease to a man?—Yes, I do; it might appear as a chancre.

1060. You think that discharges from a woman with constitutional syphilis might give it to a man?—Yes.

1061. Can you say whether a man, having a fissure or sore upon him, might not imbibe the discharges from a woman with constitutional syphilis, and so himself get syphilis?—I think it is highly probable.

1062. You stated, I think, that the boys were allowed to go on shore at night with the men?—When there is general leave given, the boys go as well as the men. Generally speaking, unless a boy has friends in a home port, he is not allowed night leave, but when general leave, that is three weeks' leave is given, the boys go with their watch without any restriction.

1063. *Dr. Donnet.* In that case is not some man made responsible for the safety of the boy?—It is generally understood that he is going to see his friends, but nobody takes charge of him as a rule.

1064. *Mr. Spencer Smith.* Are you acquainted with the Contagious Diseases Prevention Act?—I am.

1065. Are you satisfied with it?—No; I do not think that it meets all the difficulties in the case.

1066. It does not go far enough?—No.

1067. Do you think that greater powers ought to be given?—Yes;

I think there is one thing that will render it almost inoperative, and that is the fact of the men having to go into court to give evidence against a woman. I think information ought to be confidential. *Mr. Comrie.* 27 Jan. 1865.

1068. And taken as much as possible out of the hands of the police?—No; I mean that the inspector of police or the magistrate should be aware who it is who has made the complaint, but that otherwise the complaint should be made confidentially, and that the names should not transpire in open court.

1069. Generally speaking you think that the Act does not go far enough?—I do think so.

The witness withdrew.

Tuesday, 31st of January, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

A. E. Mackay, Esq., M.D. (Deputy Inspector-General of Hospitals and Fleets), examined.

1070. *Chairman.* Do you adopt the usual division of sores, hard and soft, obtained by sexual intercourse, and do you judge them by their local characteristics, or by their influence on the constitution?—Both hard and soft, and according to whether they are local or affecting the constitution. *Dr. Mackay.* 31 Jan. 1865.

1071. You admit, I presume, the purely local character of the common non-infecting sore?—There are many sores that affect the genital organs after intercourse that are soft sores, and I think I have seen some that were infecting.

1072. I speak of what I would call the common non-infecting sore, that does not affect the constitution?—Yes.

1073. The phagedenic sore is soft also, is it not?—Yes; I have not seen much phagedena, except in China.

1074. Do you call phagedena syphilis?—Yes.

1075. Do you consider it to be the product of a specific poison, or is its nature determined by the constitution?—I think by the constitution; by the condition of the patient more than anything else that I know of.

1076. With regard to the infecting sore, do you date the period of infection of the constitution from the date of the intercourse, or from the first appearance of the sore with its thickening, or from the period of the formation of the bubo? Is the constitution, in your opinion, involved from the moment?—No, not from the moment; I think that it takes a little time, but what time I am not prepared to say.

1077. Do you think the constitution is involved when you see a sore based upon induration or thickening?—Yes.

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1078. So that if that sore were destroyed by escharotics, or by the knife, it would not relieve the subject?—I think it would be too late, if induration had taken place, that has been my experience.

1079. Do you treat the primary infecting sore with mercury?—I have treated the primary sores in various ways; I have treated them with mercury, according to Ricord's plan—that is, small doses kept up until the mouth was slightly touched, and kept up for some time afterwards. I have invariably, in cases of indurated chancre, treated them with mercury in that way—I mean the true Hunterian chancre, but not in any other sores.

1080. Do you give mercury during the whole period of the thickening?—No; I have been guided very much by circumstances, and seeing how the case went on. I may say that we do not treat a great deal of syphilis in the navy on board ship; we send them chiefly to hospital, and the cases that we do treat are all involved in a certain amount of doubt as to their previous history, and after they have been treated we can rarely trace for any length of time the results of our practice.

1081. Do you think that mercury actually exempts the constitution from secondary disease?—No, I do not.

1082. Does it, in your opinion, answer any purpose as to secondary disease?—I think it modifies it—that the secondary symptoms are modified. I have seen less severe secondary symptoms when mercury has been used.

1083. Do you treat the secondary disease with mercury?—I have treated it with some proportion of mercury, but generally not.

1084. Do you adopt the iodide of potassium?—Yes, and iron, stimulants, and nourishing diet, and support generally, and indeed also in the treatment of the primary sore itself, I always practise supporting treatment.

1085. Have you formed any opinion as to the relative frequency of the hard infecting sore and the common non-infecting sore?—No.

1086. How far does an attack of syphilis, in your opinion, exempt a person from a repetition of it?—I cannot answer that question.

1087. Do you believe in the spontaneous origin of infecting sores or of non-infecting sores?—I should not like to answer that question—I am not prepared to answer it.

1088. What do you think is the general influence of secondary disease on the health of the affected person after recovery—is it injurious?—It is undoubtedly injurious.

1089. For any length of time, or does it damage the health permanently?—I am not prepared to say, but for a considerable time after, I am certain that they are debilitated by the attack.

1090. Do you think there is any peculiarity of constitution which renders one man more liable to disease than another?—Some men are more liable to disease, I think, than others; but what is the peculiarity of constitution, and whether it arises from that, I do not know; but certainly I have seen cases in which men were very prone apparently to syphilitic disease when others escaped it under similar circumstances.

1091. Does the severity of the secondary disease hold relation to the primary sore, or to the constitutional character of the affected person?—I do not think I could answer that question with any satisfaction to myself; I am not quite sure about it; I think that the secondary symptoms are more aggravated after certain kinds of sores. If a sore has been neglected for a length of time, I have seen the secondary symptoms which followed more severe.

1092. Do you mean neglect by want of cleanliness?—Want of care, and want of treatment; that the disease has been in fact concealed.

1093. Have you had an opportunity of forming any judgment as to what would be the consequence of an entire absence of treatment?—I have seen this; I have had a man come to me after he had been a month or six weeks at sea, and who had left England with an infecting sore upon him, who came to me with very aggravated disease, and who was in consequence invalided shortly after, and was obliged to be sent out of the service. In that case there was no treatment, so far as I know, unless the man treated himself.

1094. I mean, that supposing you left the case altogether to itself, would the disease die out?—I have never seen that.

1095. What do you consider to be the proportion of the mild to the severe cases of syphilis?—I could not answer that question.

1096. Have you tried any experiments upon syphilisation?—Never.

1097. Mercury is not a remedy that you would repose entire confidence in in all cases, whether of primary or of secondary disease?—I should never feel justified in treating a case of true indurated chancre without it, unless there were some constitutional peculiarity to indicate that it would not be advisable.

1098. You are aware that for a number of years 10 or 15 of the most eminent men in our profession treated syphilis on a large scale without mercury?—Yes.

1099. How do you account for it, that in these days we should have got back to that treatment so generally as we have done, even in military and naval practice?—I take it that, if we have got back to it, it is the result of experience, that it was found to be better.

1100. Do you think there would be any difficulty on board ship in having the men perfectly examined with regard to the healthy condition of their genitals, and whether by a surgeon, or by some inferior non-commissioned officer?—There are no inspections in our service of the genitals. I have never heard it mooted or proposed, that a non-commissioned officer, or an inferior person should examine the genitals of the men; I think it is repulsive to our ideas, and I think that nobody but a professional man ought to do so.

1101. Have you not found that medical men do not like the duty?—Not in our service; on the contrary, I know that those men with whom I have spoken on the subject are prepared, and are rather anxious to do it, for it is through the medical officers that these inspections are made; I mean, through their representing the necessity for them when they are obtained at all; and they conduct the examination.

1102. In order to meet the objections which have been expressed by medical men to the performance of so disagreeable a duty, might it not be put into other hands equally efficient, with the medical men, to determine the health of a man, although not to determine disease, and in case a man was found out of health, to hand him over to the doctor?—Certainly not.

1103. Could private ablutions be performed on board ship?—Yes, if inspections were conducted by medical gentlemen; but it would be as a preliminary step to inspections by medical men.

1104. Do you think that you could improve the moral tone of the men by providing for them healthy recreations, occupations, and games?—Undoubtedly.

1105. You think that they would be an advantage to the men?—Certainly.

1106. You would encourage them to enter hospitals, or to submit to hospital treatment?—Yes.

1107. With regard to the women, do you consider, in connexion with the late Act, that personal surveillance is desirable and necessary, or that

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it is objectionable?—I think that it is most decidedly desirable and necessary.

1108. Would it not entail the necessity of building Lock hospitals?—Unquestionably it would entail the necessity of making every preparation in order to carry it out most thoroughly and in the most perfect way.

1109. *Dr. Babington.* Have you observed that syphilis is worse and more prevalent in some countries than in others?—In China I think it is; it presents a very bad phase there.

1110. Worse than in this country?—Yes, we see worse cases of disease there; more obstinate cases of disease, and persons worse affected. There is more phagedena, and secondary symptoms there.

1111. To what do you attribute that?—Principally to the unhealthy condition of the men themselves. It has occurred to me, but this is a question upon which I am not at all certain, that, considering the wretched and miserable character of the women, the common prostitutes of Hong Kong especially, it is possible that a more aggravated and more virulent species of the same poison may be found. I think that the constitutions of both sexes, especially that of the man, is chiefly at fault in that instance.

1112. From the effects of climate?—Yes.

1113. Have you understood that the women in China are dirtier than the women in this country?—Yes, those that I have seen; I have seen a great many of them, and I know some of the hospitals there.

1114. Have you ever served in northern climates at all?—Never.

1115. Can you suggest any improvement in the present plan of managing the men on board ship, with a view to the prevention of disease?—I think that every step that is taken in the way of preventing men on leave, for that is the time when they get the disease, everything that can be done to prevent the men going about the streets drunk and disorderly, everything of that kind would tend to diminish, to a certain extent, the amount of venereal disease that they would contract; the women waylay the men when they are in that state. Sir William Martin, who was Commander-in-Chief in the Mediterranean, issued laws for the purpose of having the men looked after when they were on general leave, and this was attended with the most beneficial effects, so much so that although hundreds of men were on shore, it was rare to see a drunken man in the streets of Malta. The men went about the country taking exercise, and they came off well.

1116. Do you think that the establishment of respectable houses for the reception of the men, when on shore on leave, would be of any use. I mean for their amusement, and where they might live?—Undoubtedly.

1117. Clubs?—Yes, I think it would be useful.

1118. Do you happen to know whether that has been done by the Peninsular and Oriental Company, and by other mercantile companies?—I do not know, but it was proposed to establish something of that kind at Malta, when we were there, racket-courts and things of that kind for the men to be amused with on shore.

1119. Is there anything of the kind for the officers?—The officers have clubs in many places to go to.

1120. The Peninsular and Oriental Company have, I believe, a house for the reception of young officers at Southampton?—I do not know.

1121. Is any general instruction given to the men on board ship?—I have seen schools and reading-rooms where periodicals and other things have been provided for the men. I have seen that carried out on board ship.

1122. Do you know the proportion of men who can read and write on board ship?—I do not know that, but I think that a very considerable proportion of them can read and write.

1123. What is the average period of treatment of the primary disease on board ship. How soon can you turn a man out, cured, in a general way?—I do not think I can answer that question. We send our men to hospital whenever we have an opportunity. *Dr. Mackay.* 31 Jan. 1865.

1124. *Dr. Balfour.* You stated that you had seen cases of soft sores that were followed by constitutional symptoms. Had you any means of diagnosing between that soft sore and the simple non-infecting sore?—I do not know that I could describe it, but I think myself, from what I saw, that there is a particular kind of sore, a superficial sore, and not a deep sore by any means, with a rather reddish-looking angry edge, although it is not a very irritable sore, which heals with tolerable readiness, and without much difficulty, and which I have seen not uncommonly followed by secondary symptoms.

1125. Do you mean in this country?—Yes.

1126. In what state were the glands in the groin in such cases?—I am not quite sure.

1127. Did you ever find any hardness after the sore had healed?—Yes, and a man has sometimes come back, not with a sore on the same place, but a hard cartilaginous induration of the part.

1128. Have you been able to trace any connection between the prevalence of syphilis and the development of other diseases, which are likely to lead either to death or to invaliding in the navy, such as phthisis?—I think that I could trace one case of phthisis, at all events it was a case in which there was a decided syphilitic taint, and the person ultimately died.

1129. Have you been able to trace that to any great extent?—No.

1130. Do you conceive that the men themselves would object to periodical examinations, if made by a non-commissioned officer, or by a petty officer?—I should say that they would.

1131. Would they object to them if they were made by a medical officer?—Not so much by any means, but the men object to everything of the kind.

1132. Do you think, from what you know of the navy, that it is the general practice to treat venereal sores with mercury?—It is not universal by any means.

1133. Have you ever seen in the navy any of those cases which are alleged to have been caused by the indiscriminate or excessive use of mercury?—I have not.

1134. Have you had any experience of the operation of the inspection of prostitutes, at Malta, for instance, with regard to its effect in diminishing the amount of venereal disease among the sailors?—Yes; I have. In the quarter of the year in which we left England in the "Marlborough," we had 75 cases of syphilis in a strength of 1,200 men. That was in the quarter terminating the 30th of September. In the first quarter of the year following we were lying at Malta, and we had only four cases of syphilis. The men were constantly on shore, and had plenty of money in their pockets, and ample means of going about, and contracting disease, and we had only four cases of syphilis. Two were cases of secondary syphilis, and one of the other two a primary case. The disease was contracted at Naples, and there was only one due to Malta.

1135. Did you attribute that satisfactory result to the inspection of the prostitutes, or was it not in some degree attributable to the judicious measures which Admiral Sir William Martin adopted?—I think it was attributable to the fact that the women were inspected.

1136. With reference to school instruction on board ship, is that carried out in consequence of an order from the Admiralty, or is it dependent upon the captain of the ship?—In the first place, there are seamen

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schoolmasters in all ships of certain classes, who are appointed by the Admiralty, and who have certain special duties to perform, but chiefly connected with the boys. It of course depends very much upon the captain of a ship whether they will have the other classes conducted. Evening classes they were called—a reading room and library. I think we had one for the seamen, irrespectively of the ship's library, and we had periodicals for them to read. I am speaking now of the "Royal Albert."

1137. But it depended very much upon the captain?—It did.

1138. *Dr. Donnet.* Do you believe that the infectious properties of both species of sores—the infecting and non-infecting—can be destroyed by cauterisation, if applied within a certain number of days after the appearance of the sores?—I think so; but I have had no experience in the matter, and I cannot tell what the result would be.

1139. Are you aware that the crews of some of Her Majesty's ships enjoy over others similarly circumstanced comparative immunity from the secondary manifestations of constitutional syphilis?—I know that some ships have been observed to have a prevalence of secondary syphilis, but I cannot speak with regard to immunity from secondary symptoms. It is a very difficult question to answer, for our opportunities of judging are so very contracted. In one of the last Statistical Reports on the Navy, Dr. Bryson notices that in one ship there was a very remarkable prevalence of secondary syphilis. The medical officer stated that he had treated all his cases without mercury, thinking that he would avoid the secondary symptoms, but he very much regretted to find that he did not succeed in his desires.

1140. Is that to be found in the Report?—Yes. It is to be found in the Statistical Report of 1860,—the annual report upon the navy.

1141. You say that you have seen constitutional syphilis follow a soft sore. Did you consider this manifestation of constitutional syphilis to depend upon the symptoms which presented themselves, or did you believe it to be a relapse from some antecedent syphilitic taint?—I believe it to have been dependent upon that peculiar sore which I have spoken of, and which is often followed by induration after it has healed up.

1142. In what form do you most usually give mercury in syphilis?—In the form of the blue pill, just to touch the gums.

1143. Do you think that inunctions by means of mercurial ointment, or the use of a mercurial vapour-bath, would answer the purpose of the internal administration of mercury?—I have had no experience. I never used it in either form, either as an unction, or as fumigation, for syphilis.

1144. What would your treatment be in a case of excessive salivation caused by pushing the mercurial treatment too far?—I have seen a case of over-salivation for other diseases. For instance, in a case of cholera, I have seen a man salivated to an enormous degree in Bombay, and counter irritation under the jaws, fomentations under the jaws, washes to the mouth, and the ordinary rules were resorted to.

1145. Have you ever had an opportunity of witnessing the practice of native practitioners in hot climates?—Never.

1146. Whilst serving on the south-east coast of America, did you ever hear that the food of certain animals was used for the cure of syphilitic disease?—No.

1147. Have you ever thought of the benefit that the seamen might derive from the establishment of seamen's barracks in sea port towns?—Yes; during the period of fitting out a ship I think it would be most desirable.

1148. What is your opinion about the establishment of places of resort similar to the Soldiers' Institute, where games might be provided, and books and papers kept?—I have the highest opinion of that.

1149. And where amusing lectures might be given, and beer, tea, and coffee, and wholesome beverages might be sold at cost price?—Yes.

1150. Do you know of any drug that is used by the natives of the different countries you have visited which serves the purpose of mercury in the syphilitic disease?—No.

1151. Have you ever been in India?—Yes.

1152. Do not you think that the medical officers upon inspecting the men, especially when numbers are returning from leave, might be assisted by the sick-bay men, masters-at-arms, or men properly instructed?—No; I have the strongest possible objection to a non-professional person examining the genital organs of any man; I do not think it would be right; I think it would be exceedingly objectionable that any man should be able to say that he had the power to examine another man in that way; I think it would be open to all kinds of most horrible irregularities and abuses, and that it ought never to be mooted for a moment.

1153. Are you acquainted with the working of prostitution in Naples?—When we were in Naples the place was in a sort of transition state; there was no surveillance of prostitutes except in a most imperfect way.

1154. *Mr. Quain.* Did you see much of syphilitic disease when you were in China?—Yes, I did.

1155. Was there much constitutional disease as the result of it?—A great deal.

1156. How did you treat it: as you would in this country, or differently?—We treated it in exactly the same way, only that the supporting treatment would be more energetic.

1157. Had you any experience in Hong Kong as to the examination of the prostitutes?—No, I had not.

1158. Are you aware that there has been in Hong Kong an examination of the women?—Yes; but not during my time.

1159. Have you had any experience as to the examination of prostitutes in England?—Not since the last Act was passed.

1160. I mean as a system?—No.

1161. *Dr. Wilks.* Are any reports made of the number of cases of men invalided, or who have retired from the service, have died, or have been discharged from the navy on account of syphilis?—The annual reports give all the invalidings.

1162. And the number of those discharged?—No, not those discharged.

1163. Are you aware, personally, that any men are discharged in consequence of syphilis?—Yes, many; it is a fruitful source of loss to the navy.

1164. Do you know at all the proportion?—I cannot say; but it comprehends many who are discharged for syphilitic rheumatism, and various other diseases, which are not entered as syphilis, but under other heads.

1165. Perhaps that might account for there being no deaths returned under that head?—Very probably; and people die when they are out of the service; that would be a reason probably.

1166. Have you ever seen secondary symptoms arise without a sore, or from gonorrhea?—No, I have not; I have seen a discharge from the urethra, which has been followed by secondary symptoms, but it was a sore in the urethra.

1167. Do you think that secondary symptoms are contagious from

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one person to another; I mean a woman with secondary symptoms; but in which case the primary disease is gone?—I cannot answer that question with any degree of confidence.

1168. *Mr. Spencer Smith.* Are you acquainted with the Contagious Diseases Act?—Yes.

1169. Are you satisfied with it, and does it, in your opinion, go far enough?—I think it would be very advisable that the police should have some more extensive powers than they have. I think that every obstacle should be thrown in the way of prostitution in the places to which this Act extends. I think that prostitutes ought not to be allowed to prowl about at night, and to waylay the men when they come on shore, nor be allowed to hang about public-houses, nor be admitted into public places of amusement. I think that every obstacle should be interposed against their plying their trade in the open, barefaced way in which it is done in this country.

1170. Do you think it advisable that greater powers should be given under the Act for the examination of such persons?—Yes, I think that the Act ought to be infinitely extended.

1171. *Chairman.* Is there any other point which may have been omitted in the questions put to you upon which you would like to give evidence?—With regard to cleaning the men, that is a difficult matter to carry out, and the examination of the men generally.

1172. *Dr. Donnet.* Can you offer any suggestions with reference to the state of prostitution in Corfu?—The surveillance at Corfu was carried on entirely through the police. The police powers were very great. The Lord High Commissioner was the sole authority which could interfere, or make police regulations and arrangements, and the advantages which arose from the concentration of power in one responsible person were very great. Being desirous of obtaining what information I could upon the subject of surveillance, I drew out a set of questions, which were submitted by his Excellency's directions to the police, and I give here the questions and answers as they were returned to me. (The following questions and answers embody the substance of that document, S. S. Sec.)

1173. By what authority is surveillance of prostitutes carried on?—By the police.

1174. Under what circumstances are prostitutes allowed to appear in the streets and other places of public resort?—They are not allowed to attend at the opera, and if found committing disturbances in the streets, they are punished by police regulations.

1175. What is the number of prostitutes on the island, and are they classified in any way?—About 100. From 50 to 60 under medical inspection; the rest are excepted, being kept by gentlemen who can afford to support them.

1176. How often are the prostitutes examined? By whom, and where are they examined? and in the examination is the speculum always employed?—On the 1st and 15th of each month, and an extra inspection at an uncertain period during the month. The speculum is always employed.

1177. At the periodical inspections, what may be the number of women examined, and what average percentage of disease is discovered amongst them?—About 50, and an average of from 10 to 12 per cent. found sick.

1178. Is the prevalent disease gonorrhea or syphilis?—Gonorrhea is the prevalent disease.

1179. To what establishment are the diseased women sent, and are they treated and supplied with medicines gratuitously? If not, what

charges are made for their stay in hospital?—They are sent to hospital when affected with venereal disease, and they are treated and supplied gratuitously, at Government expense. *Dr. Mackay.* 31 Jan. 1865.

1180. Are there any difficulties connected with carrying out the system of surveillance, and if so, can any steps be suggested by which they might be overcome?—There are none.

1181. Do the prostitutes willingly submit themselves to examination?—No, the police oblige them to be examined.

1182. Is there any tax upon prostitution, or any licensing of brothels?—None. Sir Henry Storks adds in a foot note, "The women pay a small fee to the police surgeon for their inspection." Such was the system which had been productive of such valuable results in Corfu, and in the Ionian Islands generally. Unfortunately there is too much reason to fear that a good deal of clandestine prostitution was carried on, for which there was a great difficulty in finding a remedy.

1183. *Mr. Quain.* Who inspects them?—The police surgeon.

1184. What was the state of the health of the sailors while they were there?—They were in an excellent state of health, and free from syphilitic disease.

The witness withdrew.

Friday, 3rd February, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Thomas Nelson, Esq., M.D. (Staff-Surgeon, R N., Melville Hospital, Chatham), examined.

1185. *Chairman.* In a paper which you have drawn up, you say, "With regard to the pathological aspect of the venereal disease, note has been taken of the individual character of the sores presented for treatment, more especially as to whether the ulcer was or was not accompanied by a certain induration around its margin and at its base. It would occupy time unnecessarily to enter here into a minute description of the variety of appearances in the sores of different patients, or even in the same patient at different times. They are well known to all who have made this disease a subject of study. What I have more especially to record is, that whether they unfold themselves to view as simple-looking superficial ulcers on the prepuce or on the glans,—or as burrowing under the frenum,—or as large ragged, excoriated sores, coated with a deposit of greyish-looking lymph,—or as angry looking, irritable, spreading ulcers, distilling a thin, ichorous discharge,—or as small circular sores, scooped out symmetrically, as if by a small punch;—under any one or other of these aspects, I have found it impossible to predict whether or not the sore would be followed by constitutional symptoms." You do *Dr. Nelson.* 3 Feb. 1865.

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not make the usual distinction of sores between hard and soft; you found yourself upon their liability to produce constitutional disease?—Exactly so.

1186. Do you know a sore which is commonly considered a simple sore?—Yes.

1187. The period of incubation being from three to four days, and producing suppurating glands in the groin?—Yes, I do.

1188. It continues in existence for about from four to five or six weeks. Will that sore produce secondary disease?—I have seen in my experience, I think in the last twelve months, that simple sores so called, free from induration, whether followed by bubo, or not followed by bubo, but more frequently followed by bubo, will be followed by constitutional symptoms.

1189. Suppurating bubo?—Yes.

1190. Is that a common sore?—When I say that it is the commonest of sores, and when I say that it is so followed, I do not by any means wish to convey the notion that it is commonly so, but it will be occasionally. Hence it is that having seen this, I have been induced to put aside altogether the distinction between contaminating and non-contaminating sores. I saw the thing, and I treated it in a simple way, looking at it as a simple ulcer that would rarely, but would occasionally, be followed by constitutional symptoms. However, I must say that it is by no means a common occurrence. The great majority of such sores are followed by no constitutional symptoms whatever, but according to my impression they occasionally are, and there is no generic distinction between them in that respect, and those of another character.

1191. Is there hardness in the glands of the groin at the time?—Sometimes there is and sometimes there is not.

1192. At all events there is suppuration?—Yes.

1193. Do you consider the secondary disease the direct product of the sore you are speaking of?—Yes.

1194. It is not attributable to any antecedent condition of the constitution which may have had an effect?—The fact is, that the class of persons that we get to treat are, generally speaking, subjects between 19 and 30 years of age, more particularly between 19 and 25. They are recruits from all parts of the country, and of course they are the least intelligent class. Before they come to us they have been ill-fed and, often, ill-cared for, but after they come to us they are well fed and well cared for, and the indulgencies which they immediately enter into are very free. They indulge in all kinds of dissipation; at that age more particularly they give way to the indulgence of their passions, and we find, that if they have been affected before, they must have begun very early, because we get them at about 19 to begin with.

1195. Speaking of the division into the hard and soft sores, and the exclusive liability of the former to cause constitutional symptoms, you say, "Unfortunately the experience acquired in Melville Hospital fails to confirm this doctrine. With a caprice, characteristic, if not peculiar, to the disease under discussion, simple looking sores with no trace of hardness in their nature have been followed by the most unequivocal constitutional symptoms, while again a suspicious callosity accompanying a sore and remaining behind as a legacy to the cicatrix, has occasionally had no ulterior sequence beyond itself." So that a callosity may be built up, and yet produce no secondary symptoms?—Yes, it may be there, and be the only thing that we know of,—the only taint, without there being anything further.

1196. You testify in your paper to the existence of the soft sore which, having a certain term of existence, may I say, under similar

treatment, go into what you term a callosity, and leave no trace behind in the system?—Yes.

1197. Is that callosity of long standing? Have you ever watched it?—We generally keep it until it becomes much softer before we discharge the man from hospital.

1198. Then you say, "Meanwhile what I desire to state as the result of observation is, that constitutional symptoms have been seen to follow ulcers, which at no period of their course offered any appreciable hardness to the touch?"—Quite so; that is the result of my observation.

1199. Do you there speak of the phagedenic sore?—No.

1200. What is the usual locality of these sores?—We find that the principal number of them are on the prepuce and the corona glandis. Then come the frenum sores, burrowing and nestling about the frenum, and last of all I think are sores upon the penis itself. The sores which I have remarked, I think, as being followed more generally by constitutional symptoms are those upon the prepuce, hard sores upon the lining membrane of the prepuce.

1201. Then you say, "But when we see that a superficial soft sore on the inner lining of the prepuce will gradually take on an indurated character and give rise ultimately to constitutional disease, and even without any induration, go on to the same conclusion, such distinction as hard and soft in relation to constitutional symptoms cannot consistently with fact be maintained." You speak of the phagedenic sore, but that you have seen not very frequently?—Very seldom, indeed.

1202. Will you describe the early appearance of the phagedenic sore?—They generally come into hospital with it, but we have had only about four cases in the last twelve months altogether; the last case I think was some months ago. I attribute, of course, the non-appearance of the phagedenic variety to the exceeding care which is taken of our people. They are well fed, well clothed, and well housed, and they are exposed to no vicissitudes of temperature, and therefore their systems are very seldom so lowered as to produce it.

1203. I infer, from what you have said, that you consider the phagedenic sore has characters which emanate from a peculiarity of constitution?—I should say from a lowered state of vitality, not from any peculiarity of syphilitic taint.

1204. Do you class the phagedenic sore under the head of syphilis?—Certainly; not the phagedenic aspect of it, but the sore which takes on a phagedenic action from certain peculiarities of system, the sore coming originally from a tainted connection, but from peculiarities in the system—what I suppose to be a lowered state of vitality—that, superadded to the syphilitic taint, produces the phagedenic action; at least, that is my view of it.

1205. Am I to understand you to say that you cannot trace any varieties of eruptions from one or the other sore?—No; I cannot.

1206. Will you state a little more in detail your opinion upon that point?—I think you will find it stated in the paper.

1207. You state this, "The Roseolar, the Tubercular, the Pustular, the Lichenous, and other eruptions have been seen to spring now from one and now from another form of ulcer, for the most part, however, one characteristic prevailed in common in the ulcers, viz., an indurated base or cicatrix." If you have all these eruptions, as a rule, you would trace them back to an indurated base?—More so than to any other peculiarity, more than to those sores which I alluded to in a former part of the paper, the spreading, or the scooped out, or the abraded, or the burrowing. I could not trace any connexion between them however, and the development of certain kinds of eruptions; but I have remarked that very

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frequently, if there was hardness combined with any of these other characteristic sores, the people had very commonly constitutional symptoms.

1208. Have you ever known hardness alone or thickening, or whatever it may be called, produce secondary disease without ulceration on the surface?--I have never seen a case.

1209. You would say that the ulcer preceded the induration invariably?—Yes; so far as my observations have gone.

1210. As a rule do phagedenic sores lead to constitutional symptoms?—In not one of the cases did it out of the four. I may add that when I was in the Lock Hospital, in Glasgow, many years ago, I think that the phagedenic sores were almost never followed by constitutional symptoms.

1211. You say, "Between from six weeks to three months the constitutional developments usually appear;" therefore, there is no definite time?—I do not think there is any definite time. I have a case on my hands now in which the constitutional symptoms came on very rapidly. A lad was only eleven days in hospital when the constitutional symptoms made their appearance. He is about 18, and a mere boy. I think he would be rated as a boy. He comes from Sheerness, and is not one of the marines. Ours is a hospital both for the navy and the army, and he comes from Sheerness. In this case I have no reason to doubt the statement of the boy. He told me that he had contracted the sore six days before he came into hospital, that is to say, connection took place, and six days after this connection the sore broke out. He was sent to the hospital, and eleven days after that the constitutional symptoms appeared. That is about the best authenticated case that I have got.

1212. You have no parallel case in which the secondary symptoms exhibited themselves earlier than usual in young people?—No; except in that case. That is the most extreme case that I have seen.

1213. What is your faith in mercury as an agent in the treatment of the primary sore? Does it, in your opinion, influence the occurrence of the secondary symptoms?—In the treatment of any case of simple primary sore, we never use it, and I think it has no influence. Of course if it had any influence, I should be disposed to use it; but having been able to obtain the desired results without its use, and having a great objection to use it unnecessarily, we avoid it if possible.

1214. In your treatment in secondary eruptions do you employ mercury?—Yes; but I employ it very sparingly. I am more inclined to use the iodide of potassium, with the compound decoction of sarsaparilla and guaiacum. I find that that produces all the effects that would be obtained from the bi-chloride, although I use the bi-chloride when the other does not succeed. I am inclined very much to the iodide of potassium.

1215. In what doses do you give the bi-chloride?—I give them one-eighth of a grain three times a-day to begin with. I have done so in several cases.

1216. In what doses do you administer the iodide of potassium?—I begin with six grains, and I go on to eight or ten.

1217. How long do you usually continue the bi-chloride of mercury?—Thrice a-day. First of all I go on until the patient himself experiences the characteristic taste in the mouth, and until the gums coincide with what he states: I keep the gums in this condition perhaps for eight, ten, or twelve days.

1218 You do not push the remedy to salivation?—Never. I have never had a case of salivation in the hospital since I entered it. One or two cases that were sent in, in a state of salivation, turned out very bad cases indeed of secondary symptoms.

1219. Have you ever had an opportunity of observing the appearance of the eruption during the time that the patient was under the influence of mercury?—I have in the cases just alluded to, and in one or two others. I think that I had a case this morning sent in of a man who came home from the West Indies, where the disease was contracted, an able seaman, whose gums were affected, and he told me that his mouth had been twice made sore with mercury while on the West India station, and he is now in hospital with secondary symptoms—congestion of the tonsils, with eruptions on the skin—although he had been previously twice affected with mercury, and each time for a considerable number of days.

1220. In those cases of soft sores that produce constitutional symptoms, are the post-cervical glands involved?—I have not paid much attention to that.

1221. I presume, from what you have stated, that you do not consider mercury an antidote to syphilitic poison?—No.

1222. Can you tell us how it acts when it acts profitably?—I believe that when it acts profitably it acts as an alterative upon the system.

1223. And produces a change for the better?—Yes.

1224. You state in your paper that "formerly notwithstanding the most strenuous efforts to cure the disease with mercury," you found that the cases returned upon you?—Yes.

1225. In cases where persons under the influence of mercury, have been thoroughly salivated, do you think that they would be quite as likely to be the subjects of syphilitic poison?—If we believe what John Bell has stated, we should certainly say that that is the only barrier against the recurrence of it; but the salivation that used to take place in the early days of the present and end of the last century, both under John Hunter and under John Bell, has not proved so successful in our hands. There had been a good deal of salivation formerly at Melville Hospital, and at Woolwich, where I served, but it did not prevent the recurrence of secondary symptoms.

1226. Do you think that a person impregnated with syphilitic poison may recover without treatment?—I do in certain cases.

1227. That is, that the disease will die a natural death?—Yes; that has been seen in China, where the disease is very prevalent, and where there are no proper medical men; and where I believe that many cases are not treated at all.

1228. There is a conflict between the poison and the constitution, and the constitution will gain the victory occasionally?—Yes, in an old people such as the Chinese, who have had the disease amongst them from time immemorial. When I went out to Japan I found traces of it there, which I think explodes the opinion that has been expressed as to the origin of it in Europe, which has been referred to the siege of Pavia. The Japanese have been for many centuries in point of fact separated from the world altogether, and there we found it, and also the itch—the itch was very commonly found, even amongst the officials. There they had syphilis, having no communication with the external world, and I suppose that points out plainly that they must have had it long before we knew it professionally.

1229. May not the Portuguese have taken it there?—It is not probable, as the Japanese at no period permitted free intercourse with foreigners, even in the days of Francis Xavier and his followers.

1230. Do you approve of the Act passed last session as far as it goes?—Very much.

1231. Does it, in your opinion, go far enough?—Not at all.

1232. What would you suggest as an improvement?—I should suggest

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the registration of all houses, and have stated visitations by competent authorities armed with proper powers.

1233. You refer to brothels?—Yes, or wherever women were congregated. First, it ought to be the duty of the police of a locality to know where they are, and, having reported them, they ought to be followed up, and put under proper medical and police supervision. There should be registration and surveillance. To illustrate the necessity for this, upon making enquiries, I have found that the people in these cases will not allow the women to go to a public hospital, lest they should be informed against, and the parish officers should come upon them as keepers of brothels and annoy them, and the consequence is that the inducement to keep these people at home is very great. Therefore, I think the best way to get at them would be, first of all, to obtain a knowledge of their existence, then registration, and then periodical visitation, with compulsory power in the medical officer to separate them from the house at once, and send into hospital those whom he considered to be tainted.

1234. You mean a Lock hospital?—Yes.

1235. Your scheme would, of course, involve the legalising of brothels?—Yes; or rather their public tolerance.

1236. Have you seen much gonorrhea in the hospitals?—Yes. We have frequently gonorrhea, not infrequently combined with sores.

1237. Does gonorrhea, in your opinion, lead to any constitutional symptoms?—Never. I have never seen a single instance in which I could trace constitutional symptoms from gonorrhea.

1238. What is your treatment of gonorrhea?—I am not particularly prejudiced in favour of any particular treatment. I try two modes. I prescribe rest, low diet, and tartar emetic, in very small doses. If it be a virulent case of gonorrhea I generally use warm water injections to begin with.

1239. Have you ever seen sore throat after gonorrhea; a superficial sort of ulceration?—Not after pure gonorrhea.

1240. Have you observed whether constitutional syphilis can occur more than once?—I have a very curious case at the present time under treatment. The case of a stoker. He came in in a most deplorable state of cachexia from syphilis. I do not think I ever saw a worse case. He was covered with rupia and a mere skeleton. I put him under iodide of potassium, with cod liver oil, gave him porter and as much food as I thought was consistent with his powers of digestion, and his cure was very rapid. I never saw a more rapid progress to cure before, and we sent him out of hospital as fine a looking man as he had ever been. He was, in my opinion, and that of the assistant-surgeon, quite free from all disease. He was carrying about the trays for us, and making himself quite useful in the hospital before I sent him away. I sent him down to a ship at Sheerness, and in about from six to eight weeks afterwards he returned, in a state almost as deplorable as at first, bringing with him gonorrhea and a primary soft sore. It was a fresh infection, and what he stated I have no doubt was true. He said that he had been drinking and had gone astray; that he had obtained leave, and had indulged in all kinds of debauchery, and he thus obtained a fresh dose, both of gonorrhea and of syphilis. The sore was soft and situated on the lips of the urethra, with a loss of substance.

1241. It was the disease over again?—Yes.

1242. It was not a relapse?—No; it was a fresh inoculation from sexual intercourse with a tainted person, and he made no secret of it.

1243. Have you found that the constitution makes a great difference in the virulence of syphilis in the man?—Where I can trace anything like a scrofulous taint it invariably does.

1244. The disease is more obstinate and more violent?—Yes.

1245. Have you been abroad much in hot or cold climates?—I have been a good deal abroad.

1246. Does the climate make a great difference; for example, are the cases milder in China?—No; we found it very bad in China. I may remark that I brought down from the North Pacific as fine and healthy a ship's company as ever entered Hong Kong; I think that I had no case of sickness on board; we had been for a long time employed in the Russian war up in the north at Kamtschatka, and in that neighbourhood, and although we had been exposed a good deal in that inhospitable part of the world, and also had about 16 cases of scurvy down at one time, yet, after we obtained a little vegetable food from the Japanese, we brought the ship's company into the very best health; but, as is usual, after entering port from a long voyage, the men had leave given to them, and they went on shore, and they indulged in what we know men will do, and the consequence was, that we had a very great amount of syphilis; some of the cases were very bad; I am sorry to say that there was a friend of mine, an officer, who unfortunately contracted the disease, the phagedenic variety, and died of it, so severe was that type of it. At the same time, it was a curious thing to find that among the Chinese themselves, so far as I could understand, the disease did not seem to be at all virulent. I found the same at the Sandwich Islands; for while the natives were suffering dreadfully from secondary syphilis during the short time that I was there, it appeared that those who had introduced it had not a very virulent type of it.

1247. Have you had any experience of syphilis in the female?—It is now many years ago, upwards of 20, when I was clerk at the Lock Hospital, at Glasgow; I saw a good deal of it there.

1248. Are there the same distinctions in the female as in the male with respect to the hard and soft sores?—I cannot charge my memory that we ever made such distinctions there; but there was one thing which I saw there, and that was the treatment of gonorrhea in the female; I do not know whether it is adopted in the London hospitals, but we always cured gonorrhea in the female in 48 hours; and I dare say that if you could refer back to the "Lancet," or the "Medical Gazette" of that date, 25 years ago, you would see that it was much discussed at that time. My teacher merely secured about an inch of lunar caustic to a quill, an assistant stood on each side and opened the lips of the vulva and introduced it up as far as the os tinci, and then very slowly and deliberately brought it downwards, so as to touch as much of the mucous membrane of the vagina as he could, bringing it slowly out and laying it aside. That was all that we did, and, generally speaking, one application stopped the discharge.

1249. Did you ever try it in a male?—No.

1250. Do you use mercury externally?—Yes, occasionally, but very rarely; I have sometimes powdered the sore with it.

1251. Do you use the vapour in sore throat?—I seldom have had occasion; I have found that I could produce the effects desired by simply swabbing the back of the throat with a solution of lunar caustic.

1252. Have you known frequent deaths occur from syphilis in the navy?—I have not had a case of death in the hospital since I joined it; I had one case in the "Pique," which showed all the symptoms of compression of the brain.

1253. I suppose you frequently invalid for syphilis?—Yes, both at home and on foreign stations we do.

1254. The men, I suppose, become unfit for work?—Yes; and in China we lost the services of a great many men, which caused very

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serious embarrassment at that time, so much so, indeed, that I had a conversation with the secretary of the colony, who was a very intelligent gentleman, and who came home, and subsequently obtained an order from the Home Government empowering Sir John Bowring, the then Governor of Hong Kong, to institute a sort of system of visitation of the brothels in Hong Kong, and I believe after I left it was carried out with some success.

1255. Have you any suggestions to make as to improving the condition of the men on board ship; is there anything that you think might be done, for instance, with regard to the leave given to the men?—I am afraid that that is a very ticklish point, for it is one in which the discipline of the navy is concerned. You will understand it perfectly when I relate to you the case as it occurred in a frigate in which I was surgeon. We had been for six months at sea, when we anchored for a number of weeks at Hong Kong. After so much privation, it would have been cruel to insist upon the men still remaining on board ship after they reached the port, because it has always been the custom in the navy as soon as a ship gets into port to give the men leave. They go on shore by watches; the starboard and port watches go alternately on shore for 48 hours, or sometimes for three days at a time. Of course, the amount of disease contracted in some of the ports by this custom is very great, and the very best proof I can give you of it is, that in the "Pique," where there were about 60 or 70 Russian prisoners, and while we had at one time, out of the whole ship's company, nearly a third of them down with disease of one kind or other—dysentery, syphilitic diseases, and other ailments—I had only one single case of colic to treat among the Russians, which was simply because they were not allowed to go on shore; they enjoyed their health perfectly while on board. It was this experience that showed it was not the climate so much that affected the men, as the indulgences they gave way to when on shore.

1256. How long has the custom been discontinued of allowing women to come on board when a ship comes into harbour?—It had long been given up before my day, but some of my naval relations have told me that in their young days it was a common thing during the great war to allow the women to come off to ships; but then that was at a time when the men could not be trusted on shore. They had been pressed men to begin with, and it would have been impolitic to allow them to go on shore; therefore the only thing was to let the women come off to them, but it is done away with now altogether, except that the wives of the men are allowed to visit them on stated occasions.

1257. *Dr. Balfour.* You stated, I think, that you consider the phagedenic sore to be syphilitic. Do you think that the simple sore does not occasionally take on phagedenic action?—In the cases that I have seen I presume that it was the simple sore that subsequently took on that action.

1258. I understood you to say that it was a syphilitic sore?—A simple syphilitic sore.

1259. Do you consider all the simple sores, as well as those which are followed by constitutional symptoms to be syphilitic?—Quite so; venereal.

1260. Do you consider the sores to be of the same kind?—Yes. I can see no distinction between them; the one shades into the other.

1261. Have you observed, in the course of your service, much connexion between syphilis and the development of other diseases that are likely to produce either mortality or invaliding?—Yes. I have seen a good deal of it; at least I suppose I can trace to the deterioration of the system caused by syphilitic taint, other diseases of a serious nature.

1262. Do you think it is much connected with the development of phthisis?—Yes.

1263. You have referred to your experience in the Lock Hospital at Glasgow. Had you an opportunity there of examining women with the speculum?—No; we never used the speculum there except in exceptional cases.

1264. In what way did you ascertain the existence of syphilis in a female if you examined her without using the speculum?—Generallyt he sores were on the vulva. The woman was exposed in the usual way on a small peculiarly shaped bed adapted for the purpose. There were two assistants, one on either side, and they opened the lips of the vulva, and it was examined closely, but generally it was found that the sores were on the margin of the external parts in sight, and therefore there was no necessity for using the speculum.

1265. Have you frequently found a difficulty in detecting sores in the female?—No; not the slightest.

1266. Do you think that mercury is generally used in the treatment of venereal disease in the navy?—I do not think that my brother officers are particularly prejudiced in favour of it.

1267. Have you seen any cases of disease in the navy that were considered to have been caused by the indiscriminate or injudicious use of mercury?—No; I cannot say that I have of late years. I have very rarely seen cases of salivation, but if I have, it has been inadvertently done. It is never pushed to that extent by any officers that I know.

1268. *Mr. Cock.* Do you think that the syphilitic poison can be received into the system without any lesion on the surface?—It must be but a mere opinion that I can give upon such a subject. I have had no experience of it.

1269. Have you not found that sometimes there is a syphilitic hardening, more especially round the corona, without there being any evidence of any previous abrasion?—Never. I have always seen a loss of substance, more or less.

1270. What experience have you had in the treatment of primary sores by destroying them with escharotics, such as pure nitric acid, or chloride of zinc, or nitrate of silver, or all of them?—When we get sores first they are not in a nascent state. They are generally well developed before they come to us, and even then I am almost disposed to use the simple treatment, cold water and the black wash. They are sent from the barrack yard and from the ships, so that we have two sources of supply. Ours is both a naval and military hospital.

1271. In some forms of non-infecting sores, called simple sores, sores which are ill-conditioned, have an unhealthy appearance, and which are particularly irritable or painful, or the sores which are called the phagedenic, have you found by destroying those sores, especially if the margin is thoroughly destroyed, that the spreading has been checked, and that very unhealthy looking sores speedily assume a healthy form?—Yes; quite so. I use nitrate of silver for those sores, and I also use nitric acid, diluted, of course; but if there is a strong tendency to phagedena, I use the pure nitric acid.

1272. I mean if you entirely destroy the margin?—Yes. I find that by using a diluted solution of it I can bring about the same action.

1273. As speedily?—I have not tried the other so much; but my object is gained by using milder measures, except in cases of rapid phagedena, and then I do not hesitate to use the concentrated nitric acid.

1274. Are you of opinion that some men, from the abnormal condition of their genital organs, are more liable to contract sores than others?—I am.

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1275. Some men can hardly have intercourse at all, either with a healthy or unhealthy woman, without suffering to a certain extent?—We know so little of the private history of those people that I cannot give any opinion. I think we find that in those cases in which men have very long prepuces, and who are likely to be uncleanly in that respect. From the elongation of the prepuce the parts underneath are kept in a state of great tenderness, and are easily abraded. I should think, therefore, *à priori*, that they would be more likely to contract the disease or sores than those who have the parts very much hardened.

1276. This naturally leads to the question whether, by providing accommodation for ablution, great benefit would not be conferred?—It is possible; it is an old idea which has been frequently acted upon, but we find, notwithstanding, that the disease prevails.

1277. The question is, whether it might not be acted upon to a greater extent, and whether the men might not be urged to pay greater attention to cleanliness?—I certainly think that anything that would encourage cleanliness, inure, or give hardness to the parts would be a great protection. I may state that I am in the habit of circumcising those who I think will be benefited by it.

1278. Do you ever see any Jews in the navy?—No.

1279. *Dr. Donnet.* What is your opinion about the private inspection of men on board ship, and at what periods would you advise those inspections to be made?—I think it is very useful to submit the men periodically to examination. We do it in the marines every week, on the Monday, in the morning early, and I see no reason why the same thing should not be done, if practicable, with the men in the navy.

1280. Would any objections be offered by the medical officers to those inspections?—The same officers who are serving afloat, assistant-surgeons, when appointed to marine divisions are obliged to perform that office, and if in the one case they are compelled to act professionally, and are willing to do so, I do not see why they should not in the other case.

1281. Considering the number of men that come back at one time from leave, do not you think that the sick-bay men or masters-at-arms properly instructed, might be entrusted with those inspections?—I think so, if they were properly instructed and were trustworthy, but that is a matter rather of professional etiquette. It is an irregularity, which of course might be made use of in other matters. A man who fancied himself clever in detecting a sore might fancy himself clever enough to treat one.

1282. These men might be instructed how to recognise health; they would not be required to detect disease. Any man who had a knowledge of health could report upon it?—In the cases that we have to treat the nurses are of course all male nurses, and they are all perfectly *au fait* at this. However, I think that there would be a strong prejudice in the navy against the practice, for it is like every other old institution, certain habits grow up in it which I think it is very dangerous and impolitic to interfere with. That which might be submitted to quietly on shore by the marines might be I think resented in an unpleasant manner by the blue jackets, for they are generically different in their tastes, habits, and thoughts, and I should think that any innovation of that kind ought to be made with the greatest possible caution.

1283. *Mr. Quain.* Does that remark refer even to examination by a surgeon?—Yes; it being new. They have no objection, on first entering into the service, to submit to an examination as thoroughly and as completely as you please, but the constant repetition of it I suspect would be resented by Jack, and it is of course the great anxiety of the Government to hold out every inducement to sailors to enter the service,

and to remain in it. That has been the policy for several years past, and not to have the men passing in and out, as they did in days long gone by, but to have a class of men who, like those in the army, will remain by the service. In order to obtain them the Government holds out all kinds of inducements: treating them well, looking after their health, their clothing, their pay, and everything else; and the popular notion is to give every legitimate indulgence, and to have every consideration for the feelings, habits, and temper of the men, consistently with proper discipline.

1284. *Dr. Donnet.* If the men were taught that such inspections would be attended with benefit to themselves, do you not think that they would readily offer themselves for examination?—I think the difficulty is, to introduce any innovation of that kind, and that it would be looked upon as a grievance.

1285. What are the accommodations for private ablutions that might be afforded to the men on their return from leave?—I think that a great deal more might be done than is done, speaking from my experience.

1286. And usefully done?—Yes.

1287. Do you think that the establishment of seamen's barracks might be the means of acting in a certain degree as a check upon immorality?—I cannot see that, because you would still require to give the men a certain amount of leave, and still have them exposed to the same sources of contamination as if they remained under the old system; but if you were to adopt the system that I have pointed out, namely, registration and proper police supervision of the haunts to which they go, then certainly you would materially diminish the prevalence of the disease. But you cannot keep men constantly in a barrack. In our own barracks at Chatham there are now 1,600 men, who assemble on parade there, and they are all in barracks; or housed there, as you would propose to keep the sailors in the dockyard, but you could not keep them always within the dockyard boundaries. You must give them liberty to go out and amuse themselves occasionally, as is done with the marines. You could not put them in a more exceptional condition than the marines who are now in barracks, and who, after their duties for the day are over, go and wander all over the town until the tattoo at night. Therefore, the mere fact of erecting a barrack for seamen would have no greater effect than the erection of barracks for marines. It does not protect the marines, and it would not protect the blue jackets.

1288. Do you not think that many men would prefer having a bed in a seamen's barrack to going into a brothel, especially when you consider the number who go on leave at one time?—The men who go to a brothel do not go there to sleep. They go to indulge their passions. They are influenced, of course, by the same feelings that are implanted in us all, and as they are denied the comforts and amenities of home and of married life, they must either indulge in sexual intercourse, or there must be crime committed, the very thought of which is horror itself.

1289. Do you know what the relative proportion of syphilis is among the seamen and marines in Melville Hospital?—That is a question that I could not answer with any degree of exactitude, for in the one case we have a fluctuating number of blue jackets, and in the other case there is a definite number of marines—1,600 at present. The seamen vary according to the ships fitting out or paying off at Chatham and Sheerness. Unless I knew the relative number of the men I could not draw any proper conclusion.

1290. Can you state what proportion of the men were invalided for

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syphilis on board the ship you last served in as compared with other diseases?—I cannot at present.

1291. Have you ever witnessed the treatment by native practitioners in the different countries you have visited?—No.

1292. Do you know of any drug which is used instead of mercury in the treatment of syphilis, or which has the properties of mercury?—There is no drug that I know of except in South America. I believe that they use large quantities of sarsaparilla, and while I was there it was not an uncommon thing for people on the River Plate, who were affected with syphilis, to go and live for a certain time on the Rio Negro, that being a small stream, black (hence its name), which flows into the Parana, on the banks of which they said that sarsaparilla grew in considerable abundance; it was supposed that the water was impregnated with the sarsaparilla, and that drinking it did them good, but that is mere hearsay.

1293. When you visited the River Plate, did you hear of the food of certain animals being given for the treatment of this disease?—No.

1294. *Mr. Quain.* How far does the inspection of the marines go? Are their genitals examined?—Yes; and the assistant-surgeon does it. When I was assistant-surgeon of the Marine Hospital I sat in a chair as I am doing now, and the men, under a non-commissioned officer, were made to pass by me, in a covered place, generally with two entrances, one for entrance and the other for exit. They passed in single file, and came into the light, such as it was. It was certainly not particularly good, and it was early in the morning, and in a winter's morning it was rather difficult sometimes to see satisfactorily. However, they passed, and when they came opposite to me they were obliged to expose their persons, and by a slight squeeze, just to see whether there was any gonorrheal discharge (although that might have been prevented by a man making water beforehand), if there was any sore it was almost invariably detected.

1295. Was the prepuce withdrawn?—Yes, always.

1296. Was it with reference to this matter that the examination was made, and not with reference to the general health of the marines?—It was made especially for the detection of syphilis, it was never done for any other purpose.

1297. You are aware that surgeons, in good number admit two kinds of venereal poisons,—one of which infects the system, and another which does not?—Yes.

1298. I think you stated that you doubted the soundness of that division?—I do, as far as my observations have gone.

1299. You stated also, I think, that you had repeatedly seen persons affected with a soft sore and with suppurating buboes, suffer afterwards from constitutional syphilis?—Yes.

1300. Could you now furnish, or could you supply afterwards a return as to the numbers?—It is exceptional, but I have nevertheless recently formed a kind of register of cases that have been discharged in which I have put down the characteristic sores, more particularly the soft and the hard; I have got upwards of 100 cases now registered, and of course in future I shall devote my attention more particularly to it than I have hitherto, and I shall be able to furnish the Committee at a future period with a return of that kind.*

1301. You treat constitutional disease in some cases without mercury, and resort to mercury when you feel yourself obliged?—Yes.

1302. Can you furnish a return of the number of cases in which you have been successful without the use of mercury in the treatment of

* See Appendix to Dr. Nelson's evidence.

secondary or constitutional disease?—Yes; I will furnish that to the secretary.*

1303. Have you had any experience of the success of Police Regulations in Malta or other places in diminishing the disease?—I have had no experience, never having been on any station where they were enforced.

1304. *Dr. Wilks.* You say that you approve of periodical examinations of the men, but at the same time you have not adopted abortive treatment; I mean, the application of escharotics?—Yes.

1305. Do you say that in consequence of not having seen them at a sufficiently early period?—Yes.

1306. Is it your opinion, that if you did so, you could destroy the poison?—We might try it; but as to whether we could destroy it, I have had no experience; I have scarcely ever seen sores at that stage of their existence.

1307. Why do you think that periodical examinations would be useful?—We generally require to have them as soon as possible; the men are so negligent of their persons that unless they are sharply looked after they would go until the sores assumed a very serious aspect; when the sores are seen, they are sent into hospital at once, but, of course, they may have been several days in existence before they are seen.

1308. You think that the advantage of periodical examinations is, that the sores could be treated earlier?—Decidedly.

1309. Both to eradicate the virus and to prevent the after effects?—Yes; and for the purposes of hygiene generally.

1310. You have said that you think there might be a difficulty on the part of the seamen; from your knowledge of the feelings of your colleagues, do you think that they would object to adopt measures of that kind?—It is a question which is very difficult to answer, but if it were put as a point of medical necessity, or of hygiene, they would submit, I have no doubt, readily, as long as they felt it was their duty to do it.

1311. Would you personally consider it a disagreeable and offensive duty?—As a young assistant-surgeon I might not; I had to do it myself; but none of us liked it.

1312. Are there any reports as to the number of men who are discharged from the navy for syphilis?—There are reports which are embodied in the Admiralty Annual Reports.

1313. Do you know how long they are under treatment before they are discharged?—That I cannot state with accuracy.

1314. Can you draw any conclusion as to the duration of syphilis?—No, it is so complicated; but looking over the books I see that I have made entries of the number of days that they are in the hospital, and the number of days that they are under local treatment. I have made a sort of table of the number of days a man has been altogether in hospital, and the number of days he has been under mercury, also the number of days he has been under iodide of potassium, but there is no rule to be got by it. One man has got bubo, and it goes off in six weeks or less. Another man may have a bubo which suppurates, and after a certain time it burrows, and a sinus is formed; in such a case the man may be in for several months.

1315. *Mr. Spencer Smith.* Although you seem to apprehend that there would be a difficulty on the part of the men, you have not positively said that you thought the inspections ought not to be made?—If you could get the men to submit to it, I think it would be very useful; and in cases when the men come back from leave I am of opinion that it should be insisted upon. I would not have a periodical examination as we have in

* See Appendix to Dr. Nelson's evidence.

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the marines, for I do not think that the men would submit to it kindly, but I think that shortly after they come off leave it ought to be insisted upon, both for the sake of the men and the sake of the service.

1316. Can you suggest any means by which ablution might be carried out?—The simplest thing in the world is to have a screen on the main deck, and when I was in the "Pique" we expanded our sick accommodation of this kind, according to the pressure of circumstances. We were in a position sometimes in which we required a good deal of accommodation. I found this to answer sufficiently well. In a well-regulated ship, a captain who has the interests of his men at heart, and who has a right view of the discipline of the service, and the efficiency of it, will always afford the surgeon every facility whether for that or any other beneficial purpose, at least that is my experience. I have always had every facility given to me by my captains to do all that I thought requisite for the benefit of the sick. I have never had any difficulty when I have explained the matter properly. But any inspection of this kind, which must be temporary, could be easily arranged by having, as I have said, a simple screen of canvas put up, behind which the inspection might take place, and when that was ended the screen could be removed and the space given up.

1317. *Dr. Balfour.* Have you any knowledge of the working of the Contagious Diseases Act at Chatham?—Yes; and I have mentioned in the notes that I have submitted that I can see no appreciable diminution in the number of cases sent into hospital during the last twelve months. I think that in the last two quarters they have been a little over the first two quarters of last year, showing that there has been no appreciable benefit derived from the institution of the Lock Hospital as yet.

1318. Do you know whether they have taken many women into it?—Yes; I have inspected it. It was the duty of the Deputy Inspector-General to inspect it once a quarter and report the number of beds that had been occupied, but on the last occasion, when he was on leave, I did the duty for him, and I then found that there were forty beds occupied, but that a number of those were cases of secondary syphilis.

1319. So far as your experience goes that has not been productive of any marked benefit in reducing the amount of disease among the marines?—None whatever.

1320. *Chairman.* Have you any further observations to make?—No; I think I have submitted to the Committee whatever observations and opinions I have been able to make and to form upon the subject in the paper I have handed in.

The witness withdrew.

Analysis of 102 *cases of Syphilis as they presented themselves successively for treatment in Melville Hospital, Chatham, and all of whom were discharged cured.*

Soft sores,	with suppurating bubo, followed by constitutional syphilis	5[a]
Do.	with suppurating bubo, not followed by constitutional syphilis	11[b]
Do.	without any kind of bubo, followed by constitutional syphilis	13[c]
Do.	without any kind of bubo, not followed by constitutional syyhilis	35[d]
Do.	with non-suppurating bubo, followed by constitutional syphilis	2
Do.	with non-suppurating bubo, not followed by constitutional syphilis	1
Hard sores,	followed by constitutional syphilis	15[e]
Do.	not followed by constitutional syphilis	8[f]
Sores, in which only a degree of hardness existed, followed by constitutional syphilis		1[g]
Do. in which only a degree of hardness existed, not followed by constitutional syphilis		3
Do. soft on admission, which became hard subsequently, and were followed by constitutional syphilis		1
Do., do., not followed by constitutional syphilis		7[h]

[a]. Of these, one had been previously in hospital.
[b]. Of these, one had been previously in hospital.
[c]. Of these, five had been previously in hospital.
[d]. Of these, nine had been previously in hospital.
[e]. Of these, five had been previously in hospital.
[f]. Of these, two had been previously in hospital.
[g]. In this case constitutional syphilis appeared, while the patient's mouth was sore from having taken mercury previous to admission.
[h]. Whenever the hardness became developed in a sore, the patient was put under constitutional remedies, and it was found that the induration gradually yielded as the system became impregnated (in almost all the cases), with iodide of potassium, without the supervention of any other constitutional symptom.

NOTE.—All the cases of soft sores were treated with mild local applications, such as Lotio Zinci, Lotio Nigra, and cold water. Patients were confined to bed, and kept on half diet. When constitutional symptoms supervened, the iodide of potassium with compound extract of sarsaparilla was administered: the former in doses of six or eight grains thrice a-day. Occasionally, but rarely, bi-chloride of mercury was given instead of the iodide of potassium, but rather from a desire to observe its influence than because the other remedy had failed; in fact, in none of the cases was mercury had recourse to compulsorily.

(Signed) THOMAS NELSON, M.D., Staff-Surgeon, R.N.

Tuesday, 7th February, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

S. S. D. Wells, Esq. (Surgeon in the Royal Navy), examined.

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1321. *Chairman.* How would you divide venereal sores, into infecting or non-infecting sores, or into hard and soft?—I would divide them into hard and soft.

1322. Are all hard sores, in your opinion, capable of infecting the constitution?—I believe so.

1323. Are there any soft sores capable of infecting the constitution?—I believe there are.

1324. Have you had opportunities of seeing many examples of the phagedenic sore?—Not of late years. I have only seen one case during the last ten years.

1325. I presume you recognise the common simple sore as the product of a local poison, that is not absorbed into the system generally?—May I ask what is meant by the common simple sore?

1326. The commonest of all sores. Is there not a common simple soft sore that does not affect the constitution?—I am not aware of any syphilitic sore that does not affect the constitution.

1327. I have avoided the use of the word "syphilitic?"—Then I will say, as far as the sores on the genitals are concerned, that I have been in the habit of observing three classes—the soft,—the decidedly hard sore, which I would class among sores with thickening, scarcely amounting to induration—and the simple sore, which does not produce any constitutional disturbance at all.

1328. Then you divide the sores into sores with thickening and sores with induration?—More properly so; it is a matter of degree of hardness.

1329. But both affect the constitution?—I am not aware of any sores with thickening that may not affect the constitution.

1330. Can you trace different effects in the system from the sores with thickening and the sores with induration, or are they identical and indiscriminate?—I have not had a sufficient opportunity of testing that point.

1331. Can you say whether a sore based on thickening produces a glandular enlargement of the groin identical in character with the indurated sore?—My impression is that it does.

1332. At what period in the progress of the sore, from the moment of the primary cause, do you consider the constitution involved. Is it at the moment the sore appears, or when the thickening appears, or when the glands in the groin are involved?—I have had no opportunity of judging the sores before the thickening appears, for they are not usually brought under our notice in that simple form.

1333. Do you treat the primary sore with thickening and induration, by the aid of mercury or not?—Yes.

1334. In what form and to what extent do you administer it?—I have found the most useful form is the blue pill, given night and morning, and in some constitutions, hydrargyrum cum cretâ. I give these until an effect is produced upon the system.

1335. What effect?—The mildest effect. I give it carefully, watching its effects, and I imagine that the earliest evidence of the system being affected is the taint in the breath; by some it is considered that the mark round the teeth is the best evidence; but I think I have observed the taint in the breath always to be the earliest evidence.

1336. Do you treat secondary disease with mercury?—Not always.

1337. When you use mercury, in what form do you use it?—For secondary complaints, I generally use the bi-chloride.

1338. In what doses?—From a sixteenth of a grain up to a quarter of a grain.

1339. In cases in which you do not use mercury, what remedy do you employ?—The iodide of potassium.

1340. In what doses?—Varying, according to circumstances, from 3 to 10 or 15 grains.

1341. Twice or thrice a day?—Thrice a day; I have not given it beyond that.

1342. I presume you consider the influence of mercury to be depressing on the system?—Yes. If it is given in large doses, it depresses in the first instance; a long continued action of it on the system also depresses.

1343. Is it not reasonable to infer that if mercury given in large continuous doses is depressing in a positive degree, that in lesser doses it is depressing in a minor degree?—It is reasonable to suppose so.

1344. Do you attribute the same influence to iodide of potassium, or do you think it exercises a depressing influence or not?—In large doses I think it does.

1345. In doses of from five to eight or ten grains do you consider it is depressing?—Yes, I do.

1346. Do you ever find it requisite, after having carried your patient through what may be termed a course of iodide of potassium, to return to the cautious use of mercury?—I cannot speak upon that question from experience, because my treatment in secondary diseases has been so small of late.

1347. What do you consider would be the general result if secondary disease were abandoned to its fate, supposing the constitutional powers to be upheld?—My answer could only be a speculative one upon that point, for I never saw such a case.

1348. Have you ever witnessed the effects of an attempt to extirpate a sore by the abortive plan of treatment, excision or caustic?—Not by excision, but by caustic, I have.

1349. With success, or not?—With the indurated or hard sore, it has improved in character, but I cannot say that it has been extirpated.

1350. Can you give the Committee any evidence as to exemption from a second attack after the first?—I cannot.

1351. *Dr. Balfour.* Have you seen any cases of simple sore without thickening or induration, followed by secondary symptoms?—No such cases have come under my notice.

1352. Do you consider the amount of induration or thickening to depend in any degree upon the locality of the sore, or do you look upon the degree as the evidence of the particular character of the disease?—I

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look upon it as the evidence of the character of the disease, and not as dependent upon locality.

1353. Have you seen any cases of disease in the navy alleged to have been caused by the indiscriminate or excessive use of mercury?—No.

1354. Is it, so far as your experience has gone, the practice in the navy to give mercury indiscriminately in all cases of venereal sores?—No, I do not think it is.

1355. Have you had any experience of the effects of the preventive measures which have been adopted in any of our foreign possessions, for instance, Malta or Hong Kong, in diminishing the amount of venereal disease among the sailors?—No; I have had no experience. The regulations were established at Malta just at the time when I left the Mediterranean.

1356. Have you any practical suggestions to make upon the subject of preventing the venereal disease among the seamen?—The suggestions which I have made have been these. I have endeavoured to impress upon the captains and commanding officers, the necessity, as far as prevention is concerned, for cleanliness among the men; also the examination of the men, to see that they are clean, and that they are free from disease. When I say cleanliness, I mean cleanliness of the whole of the body—the genitals, as well as other parts.

1357. Are there any conveniences on board ship to enable the men to perform private ablutions?—Not as ships are ordinarily fitted out.

1358. Do you think that, without interfering with the general arrangements or discipline of a ship, such means for ablution could be introduced into the service?—Yes; and they are introduced into many ships.

1359. In the navy, are periodical examinations of the men made for the detection of disease?—No, not as a rule.

1360. Have you ever served in any ship in which the exception was the practice?—Yes.

1361. Did you find it attended with any beneficial effects?—I misunderstood your question, I said that my last ship was an exception to the rule. I meant to say, that in that ship, there was no examination; but I have served in ships where an examination did take place regularly.

1362. Did you find it attended with any benefit?—Yes.

1363. Of what kind?—In detecting ulcers and sores, and diseases of that kind; itch, for instance, is very readily detected, and skin diseases.

1364. Did the benefit consist in the men coming at an early period under treatment?—Yes.

1365. Have you ever heard any objections expressed on the part of the medical officers in the navy to examining the men for venereal disease?—I have never heard any serious objection made.

1366. Do you think that the men themselves would make any objection to undergoing an examination?—I do not think that the men, as a body, would.

1367. You think that there would be merely a few grumblers in every ship's crew?—Yes.

1368. *Dr. Donnet.* Do you consider that the inspection of the men ought to be restricted to the medical officers?—Certainly. I believe that the medical officers ought to be the persons to make the inspections.

1369. Do you think that any abuse might arise from entrusting such a duty to non-professional men, such as the sick-bay men, masters-at-arms, or others, if properly instructed?—I do.

1370. What would be the objections?—In my opinion there are grave objections in a moral point of view.

1371. I have suggested these assistants in the ships belonging, for

instance, to the Channel Fleet, as the numbers might be too great to be examined by the medical officers?—If a system of examination were pursued, the numbers to be examined could not be many. A very large ship's company of 700 men might be examined in a very short time; or at least when I say that, there would be about 600 men, and each medical officer would take his portion. One medical officer does not examine the whole. I do not mean to say, speaking of medical officers, that the surgeon should be the sole person to examine the men, but in a ship where there are three medical officers, each of them should examine a portion of the crew.

1372. These duties, therefore, ought to be divided by the medical officers?—They should divide the men between them, and each medical officer should examine a certain number by roll, and if there were any doubt in any case entertained by the assistant-surgeon, it would be referred to the surgeon, at least that is the system which I pursued.

1373. Are you of opinion that cauterisation in the first stage of a venereal sore will destroy its infectious properties?—I have not had sufficient experience to say. I have not seen sufficiently the results of that course of treatment. I have not seen the cases.

1374. Do you consider that much benefit would be derived by the medical officers from tabulating the medical history of each man upon his parchment certificate?—I think it would be of immense value to the medical officers to have the medical history of all the crew placed under their charge. In what way it would be tabulated, of course, must be determined.

1375. Do you think it could be done on any other paper besides the parchment certificate?—I believe it could.

1376. I ask the question because the men attach great value to their parchment certificates, whereas they might not do so to any other paper?—The parchment certificates are not under the control of the continuous service men, neither would these papers be, or at least I would not put these papers under the control of a man at all, because if it came under his control he would probably lose it, or would find it convenient that it should disappear.

1377. Do you think that this method would be of value in facilitating the settlement of claims for the pensions of men who were invalided?—Yes; I do.

1378. Might not this history, if rendered public, prove in some way prejudicial to the men?—I do not propose to make it public beyond the ship, or beyond the Admiralty Office.

1379. Would it afford information to the medical officers of other ships which a man might join?—Yes; and in that I think consists its value.

1380. The paper would be transferred with the man?—Yes. When continuous service men are paid off, they say to what ship they wish to go, and their parchment certificates are forwarded to that ship, where they remain until the men join that ship. It is only in the case of the non-continuous service men, and a few men that we have, cooks, stewards, and bandsmen, and also when a man is invalided, that his certificate is put in his possession. I would never put a man's medical history into his possession, but when non-continuous service men were paid off, and when men were invalided, these documents should be forwarded into office.

1381. Have you any suggestions to offer as to the present mode of giving leave to seamen with reference to the question of immorality?—I would suggest that all men on returning from leave should be examined.

1382. In your opinion, might any change be made in the present mode of granting leave, whether at home or on foreign stations?—I am not aware that we could make any change for the better.

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1383. Do you know whether the establishment of seamen's barracks would prove of any advantage to the seamen?—Do you mean as compared with a ship like the "Duke of Wellington?" She is a floating barrack.

1384. Do you think that Sailors' Homes, such as those established at Portsmouth and Plymouth, are popular with the men?—Yes; I do.

1385. What is your opinion about the encouragement of marriage among the seamen—do you think it would prevent immorality?—Yes; I do.

1386. Have you found that the men who have come under your treatment for syphilis have, as a rule, been in a state of incipient drunkenness while exposing themselves to contagion?—I have had no opportunity of discovering that, the men are unwilling to acknowledge anything of that sort.

1387. Have you found, as a rule, that the married men make the steadiest sailors?—Yes.

1388. *Mr. Quain.* Did I rightly understand you to say that you treated the sailors who were brought before you as patients for primary sores, with mercurial medicine in a mild form?—Yes.

1389. And that you continued it to the extent of making the mouth a little sore, or producing an effect upon the gums?—Yes.

1390. Have you observed that secondary symptoms or constitutional syphilis often follow from those sores?—Yes.

1391. Can you give any idea of the frequency of their occurrence?—I cannot.

1392. Do you believe that a majority of cases are followed by constitutional symptoms or only a minority of them?—I cannot answer those questions, but I may be allowed perhaps to say why it is. All my cases have been sent of late years—especially all those which are the freshest in my recollection—for treatment to hospitals. I have had them under my own treatment only for a few days—then they have passed out of my hands, and I have seen nothing of the men until they have been returned to me from the hospital. We are ordered, when serving on a home station, to send all such cases to the hospital as soon as possible, and they are, therefore, only under our treatment for a short time.

1393. You have stated that you would recommend an examination of the men after returning from leave?—Yes.

1394. How soon should that examination be made, and how frequently—the next day?—That would depend upon the nature of the leave. If a ship was lying in harbour continuously, and leave was given continuously every day, I would have an examination once a week; if the ship was abroad, and leave was given once a month, then I would have the men examined on their return from leave.

1395. When should you expect the sore to appear after a man returned from leave, or would you have more than one examination?—I would have further examinations, but I would have one special examination of a man on returning from leave.

1396. How frequently would you have examinations after that?—I would have after examinations; but these would be more by questioning than by actual inspection.

1397. As a rule you would have frequent examinations?—Yes.

1398. You stated that you approved of Sailors' Homes; do you know the cost to a sailor of going to a Sailors' Home?—I cannot give you the details, but I am aware that at the Sailors' Homes the men live very cheaply.

1399. Evidence has been given before the Committee that it costs a sailor as much as 15s. a-week; do you consider that reasonable or dear?

—I should think, judging from what I have seen of Sailors' Homes at Liverpool, Yarmouth, and Portsmouth, that 15s. a-week was reasonable.

1400. Have you had any experience of the results from the examination of women in any of the harbours?—None.

1401. *Dr. Wilks.* With reference to the periodical examination of the men, you have said that you have had no experience of the abortive treatment of syphilis. If you saw the men at an earlier period would you, from what you know of the nature of syphilis, adopt a method of that kind?—I would.

1402. You have not done so for the reason you have given, that the patients had been already infected when they came before you?—Yes. If a case came before me in the early stage, from my view of the disease, I should try the abortive treatment with escharotics.

1403. I understood you to say that there was no uniform plan of treatment for syphilis in the navy any more than in ordinary medical practice?—No; I do not believe there is any uniformity.

1404. If a man contracted a sore and went on board ship, he would apply, I suppose, to the assistant-surgeon?—Yes.

1405. And he would treat it to the best of his knowledge?—Yes, except this, that the treatment by the assistant-surgeon would be governed by the wishes of the surgeon.

1406. I presume that you have seen the most opposite methods of treatment adopted by assistant-surgeons?—Not as a rule; not in the same ship. The cases which occur on board ship are the surgeon's cases, he is responsible for them, and, consequently, they are treated by the assistant-surgeon in accordance with his views.

1407. Might I ask you, whether your experience in the navy of different assistant-surgeons, in different ships, has not shown that there has been as different a mode of treatment adopted as in the profession generally?—Yes. If you go on board a number of ships, and ask the medical officers of the different ships, you will find that they have different views as to the treatment of syphilis; for example, you will find many men who never use mercury at all.

1408. And you might find an assistant-surgeon who has given mercury in all the cases?—Yes.

1409. The men would see the assistant-surgeon, would they not?—Yes; as a matter of rule.

1410. Do you at all know the number that are invalided from syphilis?—I cannot speak to that except from memory.

1411. I suppose that it has varied in the different ships in which you have served?—I have not been able to perceive that there has been any great variety, it varies with the different stations.

1412. There are reports which state the number who have been discharged on account of syphilis?—Yes; and the number invalided.

1413. Have you had some experience in foreign parts?—Yes; I have had experience lately in the Mediterranean, within the last four years; and before that, in the West Indies.

1414. Have you anything to state in reference to those places, has the disease varied in different parts?—No, I have not noticed anything specially; I cannot say that I have noticed any difference at all.

1415. Have you been in any ports where any sanitary arrangements have been adopted for the prevention of syphilis?—Not where any complete arrangements have been made. I was at Corfu when they were establishing certain rules, but they were not completed at that time; and I left Malta just as the new regulations were being brought into operation.

1416. Have you been to Lisbon?—Yes; but I was not aware that there were any sanitary regulations there.

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1417. *Dr. Babington.* Have you ever served in China?—No, I have not.

1418. You have served principally, perhaps lately, in harbours?—During the last three years I have been attached to the Home Station.

1419. By the Home Station do you mean in ships actually lying in harbour?—No, I mean in the Channel Fleet, going as far as Lisbon and Gibraltar.

1420. What is the largest ship that you have served in?—"The Warrior."

1421. What is her complement of men?—700.

1422. What would be the number to whom leave would be given at the same time when in harbour?—When general leave was given, it would be to about 200, they would have the option of going, but if the ship had been only a short time from England, that number of men would not avail themselves of it.

1423. How many would ordinarily avail themselves of that leave?—I should imagine from, perhaps, 150 to 180.

1424. What would be the length of that leave, on the average?—Four days.

1425. Do the men come back all together, or generally so?—The mass of them come back together.

1426. What proportion of those men have you ever found to come back with venereal disease upon them, the largest proportion?—That is a question that it would be impossible for me to answer with any approach to accuracy.

1427. Would there be at least a dozen or two?—It is so difficult in a Home Station to obtain information as to syphilis.

1428. What is the most usual form of venereal disease that they come back with?—Those that are brought under the medical officer's notice are syphilitic cases, because the men, if possible, treat themselves for gonorrhea.

1429. Was there no examination of the men when they came from leave in the "Warrior?"—No.

1430. Therefore, you would know nothing of them, unless the men themselves complained?—That is the only way.

1431. When were you in the "Warrior" last?—The "Warrior" was paid off a short time ago at Portsmouth, in November last.

1432. What is the commonest form of syphilis that the men bring with them at Portsmouth?—There we find sores.

1433. The soft or the hard?—I should think in about the same proportion.

1434. Is there any encouragement or discouragement held out to the men to report themselves as sick?—Yes, they are always encouraged to make known any disease at once.

1435. Are they punished if they do not report themselves when they prove to be sick?—They are occasionally punished, but it is not the rule that the men are punished. In some ships they are punished, and in others they are not.

1436. Is their grog stopped, or something of that sort done?—Yes.

1437. What is the average period for the cure of syphilis according to your experience—you send them to hospital, I believe?—Yes. I made a calculation during the last year that the "Warrior" was in commission, and the average period for each case was 41 days—that is, under treatment, both on board ship and in the hospital, taking the whole of the cases.

1438. Were they under your own treatment?—No, they were under treatment in the hospital—that is to say, the service of a man was lost to the ship for that period—41 days.

1439. Have you reason to think that those men were treated with mercury or not?—I had no opportunity of knowing. *Mr. Wells.* 7 Feb. 1865.

1440. *Dr. Balfour.* Did you include buboes or merely syphilitic sores?—Syphilitic sores and cases of secondary syphilis.

1441. But not cases of gonorrhea?—No.

1442. *Dr. Babington.* Are they often sent back again with syphilitic symptoms after they have been returned cured?—Yes.

1443. *Mr. Spencer Smith.* Are you acquainted with the Contagious Diseases Act?—Yes.

1444. Do you approve of its provisions?—Yes.

1445. Do you think it goes far enough?—I think it goes far enough as far as the women are concerned; but I think that it allows a man too much licence, and there is nothing to punish a man for communicating the disease. He can leave a ship whenever he pleases, and the community is not protected against the man, although the man is protected against the woman. I would refer the Committee to my letter, which was addressed to Sir John Liddell, Director-General of the Medical Department of the Navy: "Pending, therefore, the time when the Legislature will interfere, and strike at the root of this great evil, and making the best use of the Lock accommodation at Portsmouth, cannot measures be taken to discover these diseases among the crews of our ships in their earliest stages, and place them under treatment? Also to prevent any infected men, even though it be simple gonorrhea, from going on shore and spreading the disease. It is to be remembered that these diseased men have now ample opportunities of going on shore and purchasing remedies for both external and internal use, with which they treat themselves, and thus, by a sort of promiscuous use of nostrums (to use the words of Dr. Milroy), the constitution of many men is gravely damaged, and rendered doubly or trebly susceptible of some other diseases, which cause much of the permanent loss from year to year. I would not wish in the least to curtail the present amount of leave to sound men, but I maintain that it is not fair to any community, such, for instance, as at Weymouth, to let a number of diseased men go on shore to contaminate any unfortunate woman who gave them an opportunity."

The witness withdrew.

Friday, 17th February, 1865.

Present:

Mr. Skey, F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

William Henry Sloggett, Esq. (Surgeon of H.M.S. "Edgar"), examined.

1446. *Chairman.* Do you recognise the constitutional disease known as syphilis?—Yes. *Mr. Sloggett.* 17 Feb. 1865.

Mr. Sloggett.

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1447. How many forms of venereal sores do you recognise?—I classify them into soft and indurated chancres.

1448. Have you seen many phagedenic sores?—In the last two years and a half, out of 466 cases of syphilis of all kinds, I have had but two cases of phagedenic sores in Her Majesty's ship "Edgar," and perhaps it may be interesting to the Committee if I state that those two cases were cases of great severity, for before the men had been more than 24 hours affected, nearly one-half of the glans penis and a large portion of the prepuce were entirely destroyed. One of those cases occurred at Corfu, and the other at Lisbon. I may mention that erysipelas prevailed both on board the ship and on shore. I just mention this, and I leave it to the Committee to draw their own conclusions as to whether the erysipelas had anything to do with the character of the disease.

1449. Have you ever made any estimate of the relative frequency of the two sores which you speak of?—Yes, I have: and if you will permit me I will give you the data of the cases, which I have drawn up with a great deal of accuracy. We have had on board the "Edgar" in the last two years and a half, altogether 466 cases of syphilitic disease, that number including both the primary and secondary disease, a large number of them being cases in which the men have been perhaps three, or four, or five times on the sick list, but entered as separate cases in the returns.

1450. Do you include both kinds of sore under the name syphilis?—I do not consider them both as constitutional syphilis, I call soft sores syphilis, because that is the ordinary acceptation. I think that they would be more appropriately called soft sores, or contagious venereal ulcers.

1451. Will you now state the proportions?—We have had 167 cases of soft chancre, and we have had 67 cases of indurated chancre, or nearly one-third.

1452. Do you treat the simple non-infecting sore with mercury?—Never.

1453. In no stage of it?—In no stage of it; but I must modify that answer in some way. I sometimes find that the soft sore will not heal very readily, and I may think it necessary then to give an alterative dose of hydrargyrum cum cretâ, perhaps once with an aperient, simply to act generally on the system, not to act specifically on the disease,—perhaps one or two doses.

1454. In cases of syphilis, what is the usual date of incubation?—In the naval service it is exceedingly difficult to get at that from actual observation. The men are punished in some way for concealing their diseases, with some minor punishment after their recovery, but I have sometimes had men on the sick list who I knew had not been out of the ship for two months, but these men will apply for medical aid, and declare at the time they come that they have had the sore on them only one or two days, but they may have had it for six weeks. The earliest date of incubation that I have been able to trace for a long time, or that I have ever found, within my own experience, has been four days. That is the shortest period after which a man has applied to me.

1455. For what kind of sore?—For soft sores.

1456. I am now speaking to you entirely of the hard sore?—Then I cannot give you any positive evidence about that, because the men apply at such different times. I am not able to give any direct evidence in proof.

1457. When your attention is called to a case of syphilitic ulcer, based on thickening, do you consider the constitution involved?—Yes, I do.

1458. Do you consider the constitution involved from the moment of intercourse, or the contagion communicated, or only when the hardness is formed?—I think that the induration is the first proof we have that the constitution is affected.

1459. That is a tangible proof, but it is not conclusive that the constitution is involved only when you find induration, because the constitution, one might say, might have been involved in the causes that produced that induration?—Yes; I think that in all probability the constitution is involved previously, but I have no proof of it. I believe so, for this reason, that I have seen cases and have known of others, where the abortive treatment has been resorted to; that is, where the sore has been destroyed by escharotics before induration, in which the patients have subsequently suffered from secondary symptoms.

1460-1. What do you consider to be the order of succession in the induration of the glandular system?—I think that the inguinal glands are always first affected.

1462. At what period after the local induration?—For that I cannot give accurate data: but I believe in from four to six weeks.

1463. What is the next in order?—The cervical glands; and those I think have been affected after from eight to twelve or fourteen weeks, but I have no actual figures to prove it. It is merely an opinion that I give upon that.

1464. What difference exists to the touch in the indurated glands of syphilis, and the glandular enlargement attendant on a simple sore?—In the indurated glands of syphilis the glands are indurated on both sides. There is a multiple enlargement which rolls under one's finger so clearly that it cannot be mistaken.

1465. It is no more than the gland structure which is enlarged?—No.

1466. Does the same apply to glandular enlargements in the case of a simple sore, or as in gonorrhea?—No; the latter would inflame and suppurate.

1467. Does it not appear to you that in the enlargement of the glands attendant upon a common sore there is a general thickening of the tissues around the glands, as well as the glands themselves?—I think not generally. It may be so sometimes in some cases, but not generally.

1468. Have you not witnessed large wounds as big as a penny occupying both groins?—Yes; I have seen them very large.

1469. They cannot be in the glands, but in the tissues around?—Yes; that of course.

1470. Can you give the Committee any evidence relative to the supposed existence of a syphilitic sore in the urethra, which would account for secondary disease?—No; I cannot.

1471. Do you believe that a man has an immunity from a second attack of syphilis who has once suffered from it?—Yes; and for this reason, that out of 60 cases in two years and a half, or 62 men, who were affected with indurated chancre, not one man has been twice on the sick-list with indurated chancre. I restrict myself to the use of this term, because all these observations I can vouch for, having taken the records of the cases.

1472. In the course of two years and-a-half no one man who had had syphilis once had it twice?—No.

1473. Do you think that syphilis is communicable by secondary disease?—Yes; but I have no direct evidence to give upon that.

1474. In what manner, or how do you think it is communicable?—I have no direct evidence upon it; I only see the seamen when they come to me. I do not know where they get their disease from, and I only form my own opinion upon this from what I have read.

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1475. Do you believe that syphilis is capable of being produced spontaneously?—No; I do not.

1476. Do you believe that particular constitutions are more liable than others to contract syphilitic disease?—No; I do not. I believe that it attacks all men equally. I think that some men, from the nature of their constitutions, will suffer more than others; but I believe that the disease itself will attack all men equally.

1477. A difference in constitution may produce different degrees of intensity, but, in your opinion, all men are equally liable?—I believe so.

1478. How do you treat the primary sore, I mean by what agency?—I always give mercury, but in very small doses.

1479. What do you call small doses?—From a twelfth to a sixteenth of a grain of the bi-chloride of mercury, three times a-day.

1480. How long might a man take the intermediate quantity, the fourteenth of a grain, without being brought under its influence, detectable by the condition of his gums?—That would vary in different men. Some men would be under the influence of it in three or four days, while others would take it for a fortnight without its showing any influence. I have watched the symptoms very narrowly, and I am most careful never to salivate the men—so much so indeed that I am able to say that in two years and a half I have not had one man salivated when under treatment for syphilis.

1481. Do you consider that the secondary disease is postponed or modified in any degree by the mercurial action?—Yes, I do; I think that the interval is prolonged.

1482. Have you seen many examples in the course of your experience of primary syphilitic sores?—Yes.

1483. Will you state to the Committee what description you would give of a primary sore? Is it not frequently superficial, and also occasionally or frequently hollowed?—One meets sometimes with a mere erosion, which will indurate subsequently, and at other times one sees an excavated chancre.

1484. Which of the two is the most frequent?—The excavated chancre.

1485. Have you seen examples of the deposit preceding the ulcerative process, a case in which the thickening existed without ulceration, and ulceration follow it, or does the ulcer, according to your observation, always precede the deposit?—In my experience the ulcer has always preceded the deposit. I have seen a little rawness which could scarcely be called an ulcer, but still induration has followed it. I have not seen a case in which the induration preceded the ulceration.

1486. With regard to the superficial ulceration upon the deposit, have you seen that exhibiting a very slightly-hollowed ulcer on the surface of a deep red colour, and oval in form?—When it is beginning to heal it will assume that appearance.

1487. Not earlier?—No.

1488. Is the chancre, according to your observation, multiple or not?—No; it is generally single, but not in all cases. I have seen two indurated chancres on the same man, but certainly not as a rule.

1489. Have you observed any relation between the character of a primary sore and the eruption it is likely to produce, whether roseolar, pustular, papular, or tubercular?—No.

1490. Are the severest forms of local ulcers followed by the severest forms of secondary disease?—I have no proof of it, but I believe they are. I have no cases that I can refer to as proofs of it, but I believe it is so. If the primary disease is neglected, as our seamen will do,—for a man will conceal his disease for two, three months, until the chancre has

got very large,—I have noticed then that those men have had more severe attacks of secondary symptoms.

1491. You evidently attach value to the primary treatment?—I do.

1492. What do you consider the most severe form of secondary disease?—Not the roseolar; the worst cases that I have ever seen have been of pustular syphilis.

1493. How do you treat those secondary eruptions accompanied with sore throat?—I treat all cases first with minute doses of mercury and iodide of potassium combined. I give the sixteenth of a grain of the bichloride of mercury with from four to ten grains of the iodide of potassium, and from a scruple to half a drachm of the extract of sarsaparilla.

1494. Do you ever treat cases with iodide of potassium alone?—Yes; I have done so.

1495. In what doses?—I have given from five to ten grain doses. I have tried larger doses, but I was disappointed in the result.

1496. Do you consider that mercury acts in any degree as a specific?—I think it does. I think that it has a certain specific action; but when I say that I may perhaps modify that expression.

1497. Have you thought much upon it?—No; I think this, that we are not safe to cure syphilis without mercury.

1498. May it not produce some condition of the constitution unfavourable to the syphilitic poison without being an absolute specific?—Possibly it may.

1499. Is there any other form of medicine which you have experimented with beyond mercury and the iodide of potassium?—In syphilitic rheumatism I have given guaiacum, mixed with iodide of potassium, but I have been disappointed in its use.

1500. Can syphilis be eliminated from the system without treatment?—I believe it can. I believe that there are certain mild cases of syphilis that will get well of themselves.

1501. You do not, I suppose, think that they would all get well?—No, but I think there are some in which the poison seems to produce only a mild effect, in which case the patient will get well without any treatment whatever.

1502. Do you think that the climate has any influence on the disease?—The worst cases of secondary syphilis that I have ever seen have been the cases of men who had come home from China, and from the tropics; but as all obstinate cases are sent to the Naval Hospital, I cannot speak from my own personal experience.

1503. Do you consider phagedena syphilitic?—No, I do not; not the syphilitic disease.

1504. You would probably say that it depends more or less upon the peculiar constitution of the individual?—Yes; I have referred to the two cases which I mentioned as occurring when erysipelas prevailed at Corfu and at Lisbon, but neither of those cases were followed by secondary symptoms.

1505. Do you adopt mercurial treatment in phagedena?—No, I do not. I have avoided it, and given them opium and ammonia internally, and opiates externally.

1506. Do you adopt that treatment in phagedena?—Yes, I do.

1507. In cases of relapse of the secondary symptoms, what causes the relapse?—I cannot say.

1508. Is it impaired health—that is to say, if a man had an attack of illness, should you expect the secondary symptoms to present themselves?—I think it is quite possible they would do so when the health of a man is impaired, but it seems that so many cases will relapse without that, that I cannot speak with any certainty.

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1509. Is it a law of nature that the disease is subdued by the constitutional powers of health for a time, and then it rallies?—That may possibly be the case.

1510. What is the relative duration of the disease in the officers and in the men?—I can trace no difference whatever, speaking from my own experience.

1511. Does it run through the same career in each?—Yes; but the disease, as one might anticipate, is proportionally more numerous among the men than among the officers; one would naturally expect that to be so, from the classes of women being different.

1512. Are the cases very much more numerous among the men than among the officers?—Very much more numerous. We have had on board the "Edgar," on the average, from 60 to 70 officers, and in the whole space of two years there have been but three officers affected that I knew of.

1513. That would doubtless be partly attributable to the officers being under better moral restraint?—Partly to that.

1514. And also that they would have intercourse with a different class of women?—Yes.

1515. Can you give any evidence to the Committee as to the influence of preventive measures which have been adopted at home or abroad?—Yes, I can. In the year 1858 I was surgeon of the "Calypso," a small frigate on the Pacific station. We were at Honolulu, in the Sandwich Islands, with 153 men, from November until February; we were there for three months, and during that time the men were constantly on shore, in fact the ship was at anchor only about 30 yards from the shore. The men had unlimited leave at Honolulu, where at that time no sanitary regulations existed, but since then they have been adopted. After leaving Honolulu, we had 19 cases of syphilis put on the sick list—that is to say, we had 19 cases of venereal ulcers. I have not the records with me to show which were indurated and which were soft chancres: but we had 19 cases of contagious venereal ulcers of one kind and another, and 14 cases of gonorrhea making a total of 33 cases—the strength of the ship was 153 men. In 1860, with the same ship's company, all of them the same men, we went to Tahiti, an island which was under French protection, where the ship remained three months. She was hove down, and the men during that time lived in huts on shore, and, of course, intercourse with the natives was unrestricted. After leaving Tahiti, we had a long sea voyage of ten weeks before we arrived at Valparaiso. I had but four cases put on the sick list, only one of which was of venereal ulcer, the other three were gonorrhea.

1516. What inference do you draw from that fact?—This: in Honolulu there was at that time no sanitary inspection, and no police regulations; but at Tahiti, since the French have occupied the island, they have instituted a rigorous system of police. I must say at the same time, that the French had a garrison there of 300 French troops, and 150 Zouaves, who were native troops—South Sea Islanders. I used constantly to visit the Military Medical Hospital at Tahiti during the whole of my stay there, and there were but two men in that hospital with primary syphilitic disease, French or native. There may have been one or two with gonorrhea, but I forget.

1517. To what do you attribute that paucity of cases?—To the system of registration that was adopted by the French, but I can give the Committee some other details which I think may be interesting. During my stay in the Sandwich Islands, I was in the habit of visiting the native villages, and seeing the interior of the native huts, and I was then painfully struck, not only with the fewness of the children, but also with their

generally diseased appearance. The traces of constitutional syphilis were plainly marked in a very large number of them. At Tahiti I was personally on very friendly terms with the superintending French physician, and I made with him visits of inspection to several of the native villages. The French at that time had adopted a system of compulsory vaccination, and every child was compelled to be vaccinated. During my stay there, the French physician made three visits to vaccinate the children, and on each of those occasions there were from 30 to 40 as healthy-looking children as I would wish to see in any English village—plump, healthy-looking children, and the contrast to me was most striking. I may add further, that among the older natives it was not at all infrequent to meet with people who had lost the nasal bones—who had cicatrices over the forehead, and who bore the marks of syphilitic disease to a fearful extent. Among the younger people it had entirely disappeared.

1518. You attribute the difference that you observed to the French system of police?—Yes. I may as well mention that the French military code, on this subject, is severe; so that a soldier who is found to be infected with syphilitic disease, is obliged to declare the name of the woman with whom he last cohabited, under a penalty of three months' imprisonment.

1519. Do you approve of the operation of the Contagious Diseases Prevention Act?—I think it may be a step in the right direction; but I think it is a very important thing that it should be carried out more fully. During my stay at Portsmouth, and it is only there that it is carried into perfect operation, I made a point of putting myself into communication with the superintendent of the police there, and I ascertained that his plan was, to have three men dressed in plain clothes, detectives, who made it a rule—in fact, their sole duty—to go about and visit the different brothels and public-houses, and to suggest to the women, without compelling them, and whom they supposed to be diseased, to present themselves at the Lock Hospital for inspection. The Superintendent informed me, that out of sixty women who had been thus requested to go, only two had refused, and for them a magistrate's order was obtained.

1520. How could the policeman know whether a woman was diseased or not?—In this way, the policemen get into conversation with the sailors and the soldiers, and they hear these things in that way. At the same time, I believe that the system of inspection is not sufficiently well carried out. I think that there ought to be a Government Medical Officer appointed in every military garrison town, and in every naval port, whose attention should be solely directed to the prevention of this particular disease. I do not think that the medical arrangements are sufficient at present to carry that out effectually.

1521. *Mr. Cock.* In what part of the penis have you generally found the hard sores?—I have never found them on the glans penis, the induration never appears there; but I have found them in all other places.

1522. Does the degree of induration depend, in your opinion, upon the situation of the sore?—Perhaps it does; but, certainly, one never finds induration on the glans. The hard sores on the integument or sheath of the penis do not leave so much induration as they do on the prepuce.

1523. Do you find that the sores which are just within the corona or the groove between the glans and the prepuce, are liable to produce more severe secondary symptoms, and with greater certainty?—I have no proof that they are more virulent, or that they are sooner followed by secondary symptoms.

1524. Do you recognise on the skin of the penis a superficial sore, oval in its shape, and very regular in form, which has no induration, but

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which, nevertheless, is followed frequently, and almost always, by secondary symptoms?—I do; but I think in that case, I have always been able to trace, after the healing, a certain, but very slight, induration.

1525. *Mr. Quain.* You have stated that you had on board your ship 167 soft sores and 67 indurated?—Yes.

1526. Were you often deceived by finding that the soft sores produced constitutional syphilis?—I find, on reference to my journals, that I had ten cases of constitutional syphilis after cases which I had entered as cases of soft chancre.

1527. On re-examination of those soft chancres, had you any reason to think that they had altered in the interval?—I cannot speak of those ten cases, as the men had left the ship, and were sent to hospital with constitutional syphilis. The men had been sent to hospital, two years ago. But since then, I can state positively that induration has appeared in the cicatrix in all cases where constitutional symptoms have come on.

1528. In all cases of original soft sore?—In all cases in which the constitution became affected, the sore or cicatrix became subsequently indurated.

1529. With regard to the soft sore, was the treatment of long duration or of short duration?—I think that the average time was from ten to thirty days, I have had some forty days on the list, while others have been treated, perhaps, in from seven to eight or ten days. I think that the average time has been longer than with the indurated sores. Generally speaking, I think that the soft sores do not heal so rapidly as the indurated sores.

1530. What are generally the results of these sores—do they often spread on the surface?—I have not found it so; but my evidence is of little value on that point, and for this reason, that when I find a sore, after the patient has been for three or four weeks on board ship, disinclined to heal, I send him to the hospital, in order to keep the ship clear of the sick.

1531. Do you regard the soft sore as contagious?—Yes; I think it is contagious, but it is not syphilitic.

1532. Have you seen it spread, as if by a kind of inoculation?—Yes; on the penis, and also on the mons veneris.

1533. With regard to the suppurating glands which accompany it, were they difficult to manage?—They suppurate very frequently, especially on board ship.

1534. Does the suppuration extend far?—Sometimes it will extend so far that ulceration will take place to a great extent.

1535. Have you had much experience of the abortive system of treatment?—Not much.

1536. Has it, in your experience, been resorted to for the soft sores?—Yes. I have used it myself both for the soft and the hard sores.

1537. Did you find that when the abortive treatment was resorted to the soft sores healed sooner?—No, I did not; so little so, that I have given it up.

1538. Did you use it extensively?—No.

1539. Did you use it extensively in cases of the hard sores?—No; I did not use it extensively.

1540. What form of abortive treatment did you use for the soft sores?—I applied nitric acid.

1541. You have stated that phagedena occurred when erysipelas prevailed?—Yes.

1542. Did any of the patients who had phagedena get erysipelas upon the part which was sloughing?—No; they did not.

1543. What was the state of the health generally of the patients who had been treated for constitutional syphilis after the treatment ended? Were they in good health, or otherwise?—A man will be repeatedly on the sick list, that is, he may be on the sick list for four or five weeks at one time, and then return to his duty, and after a few weeks or months, he will be again on the sick list, from a relapse of the disease, and this will go on in some men for eighteen months, or two years.

1544. After what time do you believe that a person may be considered free from the fear of a return of constitutional disease?—That I cannot say. I should be sorry to assign any definite period.

1545. Have you any suggestions to offer to the Committee as to the best means of making sailors less liable to attacks of contagious disease, such as ablutions, recreations, and occupations?—With reference to ablutions, I think that greater facilities should be given for the men's general ablutions, and perhaps it may be interesting to you to hear the ordinary mode in which the men do wash themselves on board ship. In sailing ships there are no baths fitted up at all for the seamen. The practice is to divide the men into messes, consisting of from 25 to 30 men, and for these 25 or 30 men there are allowed 3 large tubs, fitting one into the other for convenience sake, the largest one being two feet in diameter, and a foot deep. On the home station there is an unlimited supply of fresh water generally, but often at sea and on foreign stations that is impossible. The whole of these 30 men are in the habit of washing in these three tubs, and in doing so, one after another, all the soapsuds and a large quantity of filth are splashed out on to the lower deck, and you will readily understand that when at sea and the ports are closed, what a disagreeable smell there is, and how very impure the air must become, and the difficulty there must be in thoroughly eradicating it from the deck. That is the system prevalent in old sailing ships, and in a large number of the present ships. In the Channel squadron Admiral Dacres has directed his attention to this subject, and especially in reference to the iron-clad ships. In many of the iron-clad ships, baths have been fitted up for the use of the men—three or four for the use of the stokers and the seamen—to which they have free access, but they are not sufficiently numerous, and the supply of hot water, instead of being intermitting, should be constant. It might easily be done in steamers, so that the men might at any time, night or day, get a hot bath—a warm salt water bath, if not fresh water—without any trouble or inconvenience, and without any discomfort to his messmates. I see no reason why such accommodation should not be provided.

1546. Do you think that the men would avail themselves of it?—I think they would. I can vouch for it, because in hot climates, when the men get into a habit of cleanliness it is astonishing how they retain it in cold climates, and an old man-of-war's-man is one of the cleanest men, in his class, that I know. In the case of a young man, an ordinary seaman, or a man who has been recently drafted from the merchant service, and who is not acquainted with habits of cleanliness, the first difficulty is to insist upon his acquiring a habit of personal cleanliness.

1547. Is there any medical inspection or examination of the men as regards the genital organs?—There is no regular medical inspection.

1548. Do you believe that if such inspection were introduced it would be of any advantage in preventing disease?—Yes, I think so; but I think there would be great difficulty in carrying it out. I can speak here from my own experience, and from my own personal enquiries. In the "Edgar," and in other ships that I have been in, I have always made it a rule on first going to sea to inspect all the men. I have generally

Mr. Sloggett. found a large number of them affected with syphilis, who, otherwise, perhaps, might not for a long time have applied to the surgeon. When
17 Feb. 1865. I first went out to the Mediterranean on board the "Edgar" in 1862, I inspected the men, and found that of the whole number there were 70 men affected with venereal disease, besides those whom I had sent to hospital. We had sailed from Portsmouth with a strength of 800 men. I detected in one day 38 men who had concealed their diseases.

1549. Did you examine all the men?—Yes, I examined them, that is, I and the assistant-surgeons examined every man in the ship, but I must say at the same time that some of the men most strongly objected to it. Two of the men who did so were officers' servants, young men, whose objections I did not listen to for one moment, I insisted upon it, and found them both diseased, but the other men were respectable petty officers, married men, and they objected very strongly to being examined. I did not wish to make a case, knowing it was for their good, of clashing between the men and the executive authorities, so I persuaded the men quietly to let me examine them. I pointed out to them that it was as disagreeable a duty for me to perform as for them to submit to, and it would not have done for me to make any exception in their favour. Since that time I have made further enquiries as to the opinions of the more respectable class of the seamen, and a great many of them are really men of thoroughly respectable character, men of high moral feelings, and these men would, I am sure, so object to a regular weekly inspection that I do not think it could be carried out. At the same time, I do think that occasional inspections, especially on board ships first going to sea, would not only be most desirable, but should be always carried out. I think that a weekly inspection would tend to lessen disease among the men, but I believe that it could not be carried out on account of the objections that the men would make to it.

1550. Do you think that an inspection might be carried out after the men return from leave?—In the Channel Fleet the men go on shore so constantly, the ships perhaps being in harbour at Portsmouth or Plymouth, that they are on shore every night; that is, a certain number of the men. At all the ports the men have now as much leave as the officers. All men of good character can go on shore in every port where leave can possibly be given without detriment to the service, from night till morning, supposing that the men are of good character, and have not broken their leave. If they do that, they are punished by the loss of one day's pay for every hour's leave that is broken. I forget the number of days during which they are confined to the ship in addition to that stoppage of pay.

1551. When you were at Tahiti, did you make yourself acquainted with the method of inspection adopted in the case of the women there?—Yes.

1552. Were they examined, whether suspected or not, periodically?—No; they were examined only when they were suspected.

1553. Were the French soldiers there inspected at any particular time?—I cannot speak positively as to that, but I believe not.

1554. Do you know whether, in the French navy, there is any such examination of the men?—I do not think there is.

1555. *Dr. Donnet.* What are the prevailing feelings among the officers as to these inspections?—I think that some of the executive officers are in favour of it. I have made it a point to collect the opinions of a great number of officers of all ranks, and I find that a very strong feeling exists among the executive officers that regular weekly inspections would have a demoralising influence; that is, supposing the practice was universal.

1556. If the inspections were once established, as a rule, might they not be easily carried out?—I believe they might; but I think that a large number of respectable men might feel so disgusted at being subjected to them, that at the expiration of their ten years those men would leave the service.

1557. But knowing that those inspections were made only for the purpose of diminishing the disease, do you think they would not submit to them readily?—I think not; it is a mere matter of opinion. But I know from my personal enquiries among the older petty officers, that a large number of the men would object to it very strongly; for instance, you will find a respectable old petty officer, a man of perhaps 43 or 44 years of age, a married man, with six or eight children, and he will say to himself, "Why should I be subjected to this examination in the same way as boys and ordinary seamen?" I think that it might be extended to boys and ordinary seamen; but then there is a large number of other men who would come into the list, and amongst them a greater number of married men.

1558. Do you not think they might be examined privately?—I can only say that when I did it I examined every man privately. I and the two assistant-surgeons examined them all.

1559. Do you think that the medical officers would object to these inspections?—No.

1560. Have you any suggestions to offer as to the present mode of giving leave to the men?—No, I have not.

1561. What is your opinion of Sailors' Homes?—I think they are very desirable and very useful institutions; but I do not think that they would have any effect in checking syphilis, excepting this, that, in a measure, they would tend to educate the men, and anything that would tend to raise their moral character must tend to lessen this disease.

1562. Do you think that any benefit would be derived from tabulating the medical history of each man on his parchment certificate or other paper?—Certainly, but that would only apply to continuous service men. Among them it would be most desirable that every man should have a medical certificate, on the same plan as that which is common in the army.

1563. *Dr. Wilks.* I think you stated that if a sore which you thought was soft in the first instance was followed by secondary disease, that invariably that soft sore became hard in the course of the disease?—Many cases have occurred lately which I have entered first as soft sores, and then within a fortnight or three weeks the sore has become indurated, or the cicatrix rather, accompanied with induration of the inguinal glands, afterwards followed by constitutional syphilis. If you wish to know whether I can have any certain means of saying at once in every case whether a sore is soft or hard, I must say no, because there are cases which so puzzle me, that I cannot say in those cases. In such cases I wait for induration.

1564. In these doubtful cases are the sores always on the glans?—No, I see them in other places.

1565. I understood you to say that although in the first instance you could not distinguish whether a sore was soft or hard, yet, as the case progressed, and became constitutional, the sore may have become hard?—The sore may have become hard. I have never seen a case in which the cicatrix has not become hardened, but I have never seen a case of indurated sore on the glans at all, nor do I believe it ever occurs. I have never seen induration on the glans; whether it depends upon the peculiar tissue of the glans I cannot say.

1566. You have treated a sore by what is called the abortive plan,

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before induration appeared, and yet secondaries followed?—That was not a case of my own treatment.

1567. But still, you think it might occur?—I know of one in which it did.

1568. Do you think that contagion may occur at a very early period after intercourse, and do you think that the abortive plan would be useless?—I have no great faith in it.

1569. When you treat sores with mercury, with what object do you do so—is it to heal the sore, or to eradicate the poison from the system?—I think it is to correct the poison in the system, for the sores will heal alone.

1570. You stated, I think, that it never stopped the secondary symptoms?—I believe it prolongs the attack, but never stops it.

1571. First you say, that by the use of mercury the constitutional symptoms are prolonged?—Yes.

1572. The interval is prolonged?—Yes; and I believe the attack is rendered less severe.

1573. Is the inference you draw from that, that you are only beginning at an early period to treat the same disease, as you think that the induration is a constitutional symptom?—I believe that the induration is the first proof we have of the system being affected.

1574. Then what object have you in treating the sore by giving mercury. I understand that you begin then to treat the disease?—Yes. I do consider that I then begin to treat the disease.

1575. You treat the disease when you treat the indurated sore?—Yes, it is the disease I am treating.

1576. It is not that you influence the sore in any way?—No; the sore will heal without mercury.

1577. When you say that the induration is constitutional, do you judge merely by the induration of the glands, or do you wait till other symptoms arise?—When the inguinal glands are affected, I consider that that is direct proof that the constitution is affected.

1578. If no other symptoms follow?—I still believe that the poison of syphilis is lurking in the man's system, if none follow. I think he might have constitutional syphilis in some form or other, at some later period.

1579. But if none follow?—I have never seen a case in which constitutional symptoms of some kind or other did not follow.

1580. With regard to the treatment in the navy, is it a uniform plan, or is it left to the discretion of every surgeon?—The latter.

1581. Who first sees the cases?—The surgeon sees all the cases, and he is responsible for them all. The assistant-surgeon superintends, and sees that the surgeon's plan is carried out.

1582. Are all the plans adopted according to the discretion of the surgeon?—It depends entirely upon the discretion of the surgeon. I cannot give any evidence as to my brother officers; but I have reason to believe that the plan which I adopt as my own treatment is, to a certain extent, employed by the majority of my brother officers.

1583. *Dr. Babington.* Have you served in cold climates?—Not in the Arctic.

1584. But in the North Sea?—Yes, and in the Baltic Sea; but there I did not find the disease more severe—the difference between that climate and our own is not sufficient; we came home during the winter.

1585. How often do the men change their under-clothing?—Very frequently.

1586. Is there no rule as to that?—No; but every man is inspected every day, to see that his clothing is clean.

1587. Does he wear woollen next his skin?—Yes, they all wear flannels, and they all wear woollen trousers.

1588. What is the proportion of married men in the navy?—I cannot tell; it is almost impossible to say, because if the men were going on leave, you would find that nine-tenths of them were married; and the fact is, that Jack calls himself married whenever it suits his purpose.

1589. Is any permission necessary for a man to get married?—No.

1590. *Dr. Balfour.* Have you observed the hard and soft sores to coexist in the same patient?—Yes.

1591. Frequently?—Not infrequently.

1592. Have you been able to trace any connexion between syphilis and other diseases that give rise to mortality or invaliding in the navy, such as the development of scrofula and phthisis?—I have not been able to trace it with certainty. I believe there is, but the want of any medical history of the men sent to hospital, and the losing of men, prevents one arriving at any accurate conclusion, so that I am not able to state; I may tell you that out of 310 men who had been affected with syphilitic disease on board the "Edgar," there are now only 150 on board the ship, and I do not know where the others are.

1593. Then the adoption of a medical history sheet like that in use in the army would be of great advantage in enabling you to trace the connexion between the diseases under which the men had suffered, and those for which they were brought forward to be invalided?—Yes; it is not the same with us as it is in the army, for a man in the army remains with his regiment until he is discharged; but in the navy a man may be six months in one ship, six months in another, and a year in another, and always under different captains and surgeons, who have no knowledge of a man's previous history.

1594. Can you make any suggestions to the Committee for the improvement of the practical working of the Contagious Diseases Prevention Act?—I think the best thing, as I have said before, would be the appointment of a medical officer at each naval port, and in each large garrison town. I think that he ought to have the power of inspecting the women, and that all those cases should be under his care in a Lock hospital.

1595. By inspecting the women, do you mean the women who are reported to be diseased, or all prostitutes?—I think that the Act should be extended, so as to apply to all prostitutes, in fact that any woman plying her vocation as a prostitute should be registered and inspected.

1596. But that would involve the legalising of the vocation of a prostitute?—Yes. I think it is better to legalise what we know has always existed than let it go on, and pretend to shut our eyes to it. The advantage would be the registration and inspection of prostitutes, and keeping them under certain police control would tend to that end. I think it would be advantageous if the police regulations, which have been found so beneficial in Lisbon, were extended to our own towns.

1597. *Mr. Spencer Smith.* You have spoken of baths on board ship. I suppose there would be no difficulty in inducing the men to use them?—None whatever. The men would like it. I may inform the Committee that on board the "Edgar" the captain carried out a system of screens, which were put up on the main deck every night for a certain time, and there the boys of the ship had an unlimited amount of warm water, or at all events a sufficient amount given to them, and any of the men, and we found it to be of great benefit. Screens of that kind would be a very great benefit.

1598. That, I suppose, would admit of close attention to the genital organs?—A man, when he gets a chance of getting a bath in that way,

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strips and gives himself a thorough good washing. I am sure the men would do it if they had the means, especially in a secluded place.

1599. *Chairman.* Have you any further suggestion to offer to the Committee?—No; I think not.

The witness withdrew.

Tuesday, 28th February, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Robert Beith, Esq., M.D. (Deputy Inspector-General of Hospitals and Fleets, Royal Naval Hospital, Plymouth), examined.

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1600. *Chairman.* How many forms of venereal disease do you recognise?—Gonorrhea and syphilis.

1601. You divide the venereal disease into those two forms?—I do.

1602. How do you divide syphilis?—Into primary, secondary, and tertiary, if need be.

1603. How do you divide the primary?—Into the soft, simple, non-infecting sores, and the indurated or infecting sores.

1604. How do you subdivide the soft sore?—There are several kinds of soft sores. I should say, first, the simple sore; then the sloughing; the phagedenic; and the serpiginous sore. There are five different kinds of sores.

1605. Does not the indurated sore come within the range of syphilis?—I mean the infecting sore when I speak of the indurated or hard sore.

1606. What do you consider to be the relative frequency of the hard, infecting sore with reference to all the rest?—In my practice it has been, I think, about one in three.

1607. How do you treat the common, simple, non-infecting sore—with or without mercury?—Without mercury.

1608. You treat it locally?—Yes, I treat it locally, entirely.

1609. In the case of the hard infecting sore, when do you consider that the constitution becomes involved—is it at the moment of intercourse, or on the appearance of the ulcer, if there be one, or the induration, or is it on the appearance of the indurated glands in the groin?—My belief is that the constitution shows signs of infection when the sore commences to indurate. I look upon that as the earliest manifestation of the constitutional disease.

1610. It is then contemporaneous with the deposit?—I believe so.

1611. The glands in the groin are next affected?—Yes. I think that as soon as the induration of the sore is noticed, the glands of the groin will be found indurated, or about the same time.

1612. What is then the order of the constitutional appearances?—The first constitutional manifestation of the disease in a great many

cases, I may say in the majority of them, I believe to be some form of roscolar eruption, ulceration of the tonsils occurring in many cases about the same time.

1613. Is that prior to the post-cervical glands being affected?—I ought to have spoken of them as a symptom. I spoke of the inguinal glands; but the deep seated cervical and inguinal glands generally show induration and enlargement about the same time.

1614. Have you ever seen suppuration of the inguinal glands in cases of hard chancre or syphilis?—I have sometimes, but not as a general rule; it is an exceptional case when it occurs, and is more frequently seen with the secondary than the primary symptoms.

1615. When you find secondary disease without evidence of local lesion, do you suspect the formation of a sore in the urethra?— I suspect that a urethral chancre has existed at some time or other.

1616. Have you ever had an opportunity under these circumstances of detecting it from without, by its induration, or is it visible within the dilated lips of the urethra?—Generally it is visible within the dilated lips of the urethra, but sometimes it is not. I am free to confess, however, that in those exceptional cases I have only suspected the existence of a sore, for I have never been able to detect any induration from without.

1617. Do you consider that a person obtains immunity from a second attack after the first?—I have not seen any cases that would enable me to state that the secondary symptoms have occurred twice, except from a relapse of the disease.

1618. Do you believe that syphilis is communicable by secondary disease?—I have no facts to bear upon that point at all. I am not aware of any instance of the disease having been communicated by secondary symptoms.

1619. Do you believe that under any circumstances syphilis can be produced spontaneously?—Like gonorrhea such might be the case. I do not see why a number of men from cohabiting with one woman should not generate the disease, the same as is done with gonorrhea.

1620. You have a doubt upon that subject?—Yes.

1621. You rather incline to the belief that it may arise under favourable circumstances spontaneously?—Yes.

1622. Do you think that any particular constitution is especially liable to it, or have you had an opportunity of observing among your patients that particular constitutions are more liable to it?—I think that persons of a strumous habit, generally speaking, suffer more severely than others.

1623. That is not quite the point that I am alluding to. The point is whether they are more liable to receive the poison or take the infection?—I have not noticed that.

1624. Do you consider phagedenic sores to be the product of a specific poison, or may that disease be grafted upon another, and be due to peculiarities of constitution?—I look upon it as merely an aggravated form of the soft sore, in consequence of some deteriorated condition of the constitution.

1625. I need hardly ask you whether you treat it with mercury?—I do not.

1626. Do you rigidly abstain from the use of mercury in the phagedenic sore?—I do entirely.

1627. With regard to the treatment of the primary hard chancre, do you treat that with mercury?—I give mercury to heal the sore. I find that the sore heals better under the influence of a mild mercurial course than by any other means.

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1628. Has it any influence on the induration?—It gradually removes it, and as that subsides, the sore consequently heals.

1629. In what form do you administer it?—I administer it in the form of blue pill sometimes, and sometimes the bi-chloride: on both occasions accompanied with iodide of potassium. We have a formula for a pill in our hospital, which consists of three grains and three quarters of iodide of potassium, a grain and a third of blue pill, and one-third of a grain of powdered opium. I use that pill in almost every case of indurated sore, and give it twice or thrice daily.

1630. Do you think that the mercurial action, to which you have referred, exercises any beneficial influence upon the secondary disease, whether by modifying it or postponing it?—It postpones it, and modifies it when it occurs; but very frequently the secondary manifestations come on while I am giving this pill, and before the sore has been healed or the induration removed.

1631. Will you be good enough to state to the Committee what description you would give of that sore that is based upon induration—is it cup-shaped, or is it an abrasion?—It is generally cup-shaped, with bevilled edges.

1632. Where is it most frequently seen?—On the prepuce.

1633. Have you ever seen a chancre multiple?—Occasionally, but not very often.

1634. How do you treat the secondary disease?—At first much in the same way as I do the indurated sore. Later in the disease, in a certain intermediate stage, between the secondary and the tertiary, and when rheumatic or periosteal pains exist, I give the bi-chloride with iodide of potassium. I give half a drachm of the iodide of potassium, two drachms of the liquor hydrarg. bi-chloridi, with a pint of the decoction of sarsaparilla; the patient taking that in the course of the day.

1635. Should you call mercury a specific in syphilis, or does it produce some change in the constitution?—It is a very powerful curative agent; but I should say that it is not entirely a specific for the disease: its action is alterative and eliminant.

1636. Did you ever treat primary sores with large doses of iodide of potassium?—No; but I treat tertiary sores and symptoms in that way.

1637. Or with any other form of medicine?—Not unless the sore be indurated, or infecting, and is not inclined to heal.

1638. I presume that you consider mercury depressing in its influence on the system?—It is.

1639. What is the effect of iodide of potassium?—It is a tonic rather than otherwise.

1640. Do you consider that syphilis can be eliminated from the system without treatment?—I should doubt it in the majority of cases.

1641. So that a man may go on having syphilis to the end of his life?—He may wear it out eventually, and perhaps by that time the patient would be worn out himself; certainly his life would be very much shortened by the existence of the disease.

1642. What has been your experience of the treatment without mercury; have you tried it?—I have never treated any cases of secondary syphilis without it.

1643. You have, I presume, treated officers as well as men?—I have.

1644. Is there any difference, do you think, in the duration of the disease while under treatment; do the officers recover more quickly?—I think not: it is much the same.

1645. If the constitution is affected, and mercury is so reliable an agent, how is it that treatment by mercury does not occasionally avert

the secondary disease. You have stated what we are all very familiar with, that secondary symptoms very often come on during the mercurial treatment of the primary disease?—The mercurial treatment, when given for the healing of an infecting sore, may not avert the secondary disease, but certainly in many cases it both postpones and modifies its occurrence, and cures it after it has appeared. I am always careful, however, to guard the constitution against any over-action on the part of the drug, and whenever the gums become in the least degree tender, I at once administer 10 or 15 grain doses of the chlorate of potass in some bitter infusion, in conjunction with the mercurial treatment. *Dr. Beith.* 28 Feb. 1865

1646. Should you consider that a man undergoing mercurial salivation, and having intercourse with a woman infected with primary syphilis, would be exempt from infection?—I think he would be equally liable to it.

1647. Would he be liable to the hard sore if the woman had one, or would his being under salivation be any protection against the hard sore?—None whatever.

1648. *Dr. Donnet.* Do you think that escharotics applied to the venereal or soft sore will check its infectious properties,—I mean, will it prevent inflammation and subsequent suppuration of the inguinal glands?—If they were applied sufficiently early to the primary sore, they would, in all probability, arrest the constitutional manifestations.

1649. I speak of the soft sore?—I ought to say that I seldom see the sores sufficiently early to enable me to practice the abortive plan of treatment, but, when practicable, I think it ought always to be adopted.

1650. Have you ever witnessed a soft sore accompanied with indurated glands in the groin?—Yes, when the sore has been situated on the glans or sheath of the penis, and was of an infecting character. I have even noticed a simple erosion on the glans to be frequently followed by secondary syphilis.

1651. Have you ever seen the soft sore followed by constitutional syphilis?—I have, when it has been seated on the parts just named.

1652. Did you consider the manifestations of constitutional syphilis which followed the soft sore the consequence of the infection causing the sore, or did they proceed from some antecedent syphilitic taint?—I regarded them as following the sore that I have been alluding to—the soft one, and which on the glans and sheath is almost always infecting.

1653. Did the soft sore take upon itself induration subsequently?—It may not have done so during its progress as a sore, although its cicatrix on the glans would probably yield a little hardness, and on the sheath a kind of leathery feel to the touch.

1654. Upon other parts is it necessary that the sore should show induration to prove it to be syphilitic?—The induration is the test that I go by with regard to the sore being an infecting one, except on the sheath and glans. I may mention that on the sheath of the penis I sometimes find sores that are not indurated, but they are still infecting. I ought to state, however, that they generally show an indurated or leathery cicatrix after they have healed, but during their progress they show no induration; that is a sore that I meet with very frequently.

1655. How do you distinguish these from simple sores?—By the nature of the discharge, and the inguinal glands being also enlarged and indurated.

1656. Do you know whether a soft sore, or a sore of the non-infecting kind more readily assumes the phagedenic form, if contracted by an individual previously affected with syphilis?—I cannot say.

1657. You mentioned that the constitutions of those persons subject

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to phagedena were deteriorated by some depressing cause. Do you think it may be induced by an anterior mercurial treatment?—I think not.

1658. Do you think that exfoliations and destruction of bone are caused wholly or partly by the excessive use of mercury?—Not at all. I think there is no reason to suppose that they are caused by the use of mercury. Bad cases of syphilis and bad constitutions are sufficient to account for them.

1659. Have you used mercury externally?—In the form of the calomel vapour-bath. I treat all cases of cutaneous syphilis with that bath, in addition to the pill that I before spoke of.

1660. Do you believe that the mercurial vapour-bath will answer the purpose of the internal use of mercury?—I think it might, but I do not trust to that alone.

1661. When it was an object of importance to ascertain a man's previous medical history for the purposes of a correct diagnosis, have you not met with much difficulty, whether from the want of memory, or carelessness of the men?—Very great difficulty indeed, the greatest difficulty.

1662. If a man's medical history were tabulated and were to accompany him from ship to ship, or from ship to hospital, do you think that this difficulty might be obviated?—It would be very much diminished.

1663. Have you any suggestions to offer relative to this measure?—I should like to see it carried out. It is a very difficult matter to get the truth out of either a sailor or a marine as to the history of his disease.

1664. Do you believe that ablution after sexual intercourse is, to a certain extent, a preventive of disease?—Yes.

1665. Could the men be easily accommodated on board with facilities for private ablution?—I think that they might be furnished with greater facilities than they now have for that purpose.

1666. Do you know of any ships on board of which such accommodation has been provided for the men?—I do not, if I except the "Warrior."

1667. Do you think that the inspection of men on return from leave is a measure which might be carried into effect on board ships?—Certainly it might; but I should prefer seeing their inspection before going on leave.

1668. Would any difficulties arise from enforcing such a measure?—I do not anticipate any.

1669. Would not objections be made by the more respectable class of seamen—the married men?—Yes, I should exempt them from the inspection.

1670. You would limit your inspections to the young men, or to those who were suspected of having the disease?—Yes, to those who were in the habit of going into loose society—to the unmarried men. Sometime ago, when I was surgeon to a battalion of marines at Deal, we had 400 men in the battalion, and it was my custom to examine those men every Monday morning, but I examined only the unmarried men, the married men were exempted from it, and at those inspections I frequently detected venereal disease in its earliest stages.

1671. Would the punishment of the men, which is provided for by Article 32 of the Naval Discipline Act, tend, in your opinion, to prevent them from concealing the disease?—I think it would in some measure.

1672. You have been in China I believe?—Yes, I was four years there.

1673. Had you an opportunity of making yourself acquainted with the treatment adopted by the native practitioners?—Not in my time. I

was there in the first Chinese war, and I had no opportunity of coming in contact with them.

1674. *Mr. Quain.* You have stated that syphilis might arise spontaneously. Is that an impression upon your mind merely, or can you mention any facts to support it?—No, it is merely an impression on my mind that it might have such an origin.

1675. You combine mercury with the iodide of potassium in treating the primary disease and the secondary disease. Do you know whether the iodide of potassium has any particular effect upon the mercury?—I believe it forms an iodide of mercury, and it is with that view that I combine the two.

1676. Have you heard that iodide of potassium eliminates the mercury from the system?—No, I have not. My belief is, that the iodide of potassium and the mercury given together, form a more active mercurial agent, namely, an iodide of mercury, which I think is the best form.

1677. Have you seen persons salivated by the use of that combination of iodide of potassium and mercury?—Only in one instance. In all the cases that I have treated in Plymouth Hospital during the last four years, I have only had one case of salivation, either for primary or constitutional disease, and in that instance the patient had taken "pills" previous to admission.

1678. Do you believe mercury to be necessary for the removal of the disease?—Yes, in most cases.

1679. Are you acquainted with the papers of Mr. Rose and Dr. John Thomson?—Yes, I have read them both.

1680. You have expressed your opinion as to the result of your own experience with a full knowledge of these papers?—Quite so.

1681. Sir Benjamin Brodie has stated "I had frequent opportunities of seeing Mr. Rose's cases, and from time to time I watched their progress with him. Every sore upon the organs of generation got well under his management, many of them probably were not venereal, but of course many of them were. Not only did the sores heal, but the consequent hardness of the cicatrix disappeared. Some of the secondary symptoms were slight, and others were severe, in fact, exhibiting nearly the usual character; but they were removed without the use of mercury;" and Mr. Samuel Cooper has said, "the investigations made in the military hospitals decidedly prove that all kinds of eruptions supposed to be venereal may be cured without mercury?"—I look upon mercury as the best remedial agent that we have for the cure of syphilis.

1682. And that the disease will continue unless it is used?—It may possibly wear itself out, and probably does so, in the course of time.

1682*. You have stated that the best time for inspecting men would be as they were going on leave. Why do you think so?—Because you would then be able to ascertain which of them were diseased, and so prevent them from spreading the disease on shore among the women, because those men would be detained on board ship; they would be put on the sick list, and that would have the effect of greatly lessening the ravages of the disease.

1683. Have you any suggestions to offer to the Committee with reference to preventive measures besides the inspections you have spoken of, either at home or abroad?—One plan would be by registering the women, and inspecting them.

1684. Under the Contagious Diseases Prevention Act?—Yes.

1685. You would recommend police control over the prostitutes, and inspection of the seamen before they went on leave?—Yes.

1686. Have you had any experience of Sailors' Homes in any of our

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ports?—No, I have not; there is one at Devonport, but I have not yet visited it.

1687. Was the disease in China, so far as you knew, of a bad kind?—It was much the same as is met with here.

1688. *Dr. Wilks.* Did you not state that you looked upon induration as the sure sign of true syphilis, for even if it does not occur at first, it is afterwards seen in the course of the disease?—I think that the induration occurs in the primary sore certainly before the expiration of ten days, in those cases in which it appears.

1689. But in some parts, I understood you to say, it is not indurated at first, but it becomes so afterwards?—On the sheath of the penis the cicatrix becomes indurated, or leathery, though the sore may have shown no marked hardness.

1690. Is that invariably so?—Yes, as a general rule.

1691. Then you look upon the induration as the most important part of the syphilitic process?—I do on particular parts, such as I have instanced.

1692. And if not present, it is due to the particular tissue in which the sore exists?—Yes; on the surface of the glans the sore seldom or ever indurates, and but rarely on the sheath of the penis.

1693. But still you cannot distinguish that in the first instance?—No, except by the discharge: there is very little discharge from that particular sore; there is but a little serous fluid.

1694. How soon is the induration observed?—The induration is almost always pretty well established by the eighth or ninth day; it commences a little earlier, I believe.

1695. Is that from the date of the intercourse?—Yes.

1696. I did not quite gather from you why you did not use the abortive treatment?—Because, in my practice, I seldom see the sores sufficiently early; I would do so if I saw them earlier, but the cases sent to me are generally only aggravated cases of syphilis in their advanced stages.

1697. Then you are not speaking from your own experience, from having seen the cases within a few days after intercourse, before the induration occurred?—It is very rare that I have had an opportunity of using the abortive treatment. The time for doing so has generally passed before the cases are sent to me.

1698. But you may have had opportunities?—Yes, in past times I have seen cases in their earliest stages, and then I adopted it. In fact I do so now when I have a suitable case.

1699. When you say that you administer mercury, if the induration shows that the constitution is affected, you really have never given it in what I call the primary disease at all?—I only give mercury in the indurated forms of the primary disease, or when the sore is clearly of an infecting character, and shows no disposition to heal.

1700. The sore has been hitherto called the primary sore, but although you say the system is affected when the induration occurs, you really have never given mercury previously to that time?—Never before the induration has taken place.

1701. You have stated that if you saw constitutional syphilis without any sore, you would assume that there was one in the urethra?—Yes, or that one had existed.

1702. You have said that you are aware of the opinion which exists that constitutional syphilis may be propagated from one person to another, and that the discharge from a woman, under those circumstances, may produce the so-called specific discharge in the urethra?—I am aware of that opinion, the other is my own, that constitutional syphilis has always got an initial origin, the primary sore.

1703. Can you state positively that, as a rule, the glands in the neck were affected before the rash appeared?—Yes, and about the same time as the inguinal glands.

1704. You do not connect them with the rash as a consequence of the rash?—Not at all, unless the eruption be on the scalp, and then the sub-occipital glands may be affected by it.

1705. With regard to affections of the bones, are you sure that you have constantly seen affections of the bones, where mercury has not been given, and that they have been due to syphilis?—Yes.

1706. *Dr. Babington.* Do you consider an abrasion necessary for the introduction of the poison of syphilis?—I do not.

1707. And that the cuticle is susceptible, or able to admit the poison?—I believe that the poison may enter through the mucous membrane, or through the cuticle, without an abrasion, and eventually produce a sore.

1708. The occurrence of multiple sores would favour that opinion?—Yes.

1709. Do you believe the absorption to be a slow process?—I think that it occurs within a few days.

1710. How early, in your opinion, would the abortive treatment be useful?—I think that it ought to be practised before the fourth or fifth day.

1711. You think that the poison is not absorbed in that time to such an extent that the caustic or the knife would not reach it?—I think that it might be cut short if the abortive system was tried before the fourth or fifth day. After that I think it would be of no avail.

1712. At what interval after the primary sore do the secondary symptoms usually occur?—From four to eight weeks. I think I have seen roseola occur a little before the expiration of four weeks; as early perhaps as three weeks; but very rarely. One cannot always depend upon what is stated as to the duration of the sore.

1713. Is there any regular sequence in the eruptions?—I think that the roseolar is most frequently first, then the papular, and after that I think the next in frequency is the tubercular, then the pustular, and the vesicular I look upon as the rarest of the different forms of eruption. In my wards at Plymouth at present, although I have upwards of 112 cases of secondary syphilis, I believe that there are only three of the vesicular eruption among them.

1714. Do you believe that if recreations and amusements were provided for the men they would have any effect in preventing them from falling into vicious habits?—They might, perhaps, but I doubt whether they would go very far.

1715. Is there any provision on board ships for the amusement of the men generally, such as libraries?—There are libraries, but on a very limited scale.

1716. Have you any notion of the proportion of the married to the single men on board ship?—I have not.

1717. You have stated that you would not examine the married men, but how is it known on board a ship who are married and who are not?—A record is kept, and it is perfectly well known who are married and who are not.

1718. Have you any notion of the proportion of the married men to the single?—The single men, of course, predominate, but I cannot state the proportions.

1719. Do you think that, to encourage marriage among seamen would have a beneficial effect in preventing disease?—To encourage the unmar-

Dr. Reid. — 28 Feb. 1865.

ried men to marry would, of course, lessen the disease, because they would lead a more steady life.

1720. Are there any impediments to the marriage of seamen, as in the army, for a soldier is obliged to obtain permission of his commanding officer?—No such permission is required in the navy.

1721. *Dr. Balfour.* Have you observed climate to have any influence either on the production or on the course of syphilis?—I cannot say that I have observed any difference.

1722. Have you been able to trace a connexion between syphilis and any of those diseases which produce either mortality or invaliding in the navy, such as phthisis?—I have not been able to trace any connexion between them. It may be that the deterioration of the general health renders men more prone to affections of that sort.

1723. Have you had any experience of the effect of police regulations in preventing the spread of the venereal disease in the navy abroad?—I have had no experience of that kind. I have been to Malta. I was there for a few days at a time; but not sufficiently long to enable me to speak upon that point.

1724. Have you ever seen in the navy any of those cases which have been alleged to have been caused by the indiscriminate, excessive, or injudicious use of mercury?—I have not. I receive men from the fleet, but I have not found that mercury has been given in an indiscriminate, excessive, or injudicious way by the medical officers of the fleet.

1725. *Mr. Cock.* In the exhibition of mercury, whether internally or by application on the surface of the body, what is your rule with regard to leaving it off; how do you ascertain when the patient has had enough?—When the induration of the sore and the cicatrix have disappeared, and when the cutaneous or secondary manifestations of the disease have ceased to exist.

1726. Do you continue it for the cutaneous eruptions, until every sign of the eruption has disappeared?—As a general rule I do.

1727. Do you ever find that there are certain spots or stains in the skin that will remain in spite of all the mercury you may use?—I do not expect to get them removed; the stains may remain for months and years after the disease has ceased to exist.

1728. I think you stated your belief that the poison might be absorbed into the mucous membrane, that is, into the internal surface of the foreskin, without any breach of surface?—Yes, and subsequently produce an initial lesion.

1729. And you have found sometimes very complete and decided induration which has been inevitably followed by secondary symptoms without any evidence of there ever having been any breach of surface?—Quite so. I again repeat that I do not consider an abrasion at all necessary for the introduction of the virus.

1730. With regard to the induration of the inguinal and cervical glands, do you consider it inevitable that there should be that induration as the intermediate step between the primary sore and the constitutional symptoms?—I have seen no cases of secondary symptoms in which induration of the inguinal and cervical glands did not exist at the same time.

1731. *Mr. Spencer Smith.* Have you had any experience of syphilisation?—I have never practised it, and never saw it done.

1732. Is there anything further that you would wish to suggest to the Committee?—I think that the women might be examined. I believe that a Staff already exists, and that it is only necessary to increase the pay of the present District Surgeons; for instance, in Devonport there

are four Poor-Law District Surgeons, four in Plymouth, and three or four in Stonehouse. I think that they might be got to do the work of examining the prostitutes in the registered houses if they were properly paid under the Poor Law Board. That is an organised staff, and it might, I think, be made available for this duty.

1733. You are of opinion that an increase of staff of some kind or other is necessary for the purpose of inspecting the women?—Yes.

1734. Have you any remark to make with reference to the operation of the Contagious Diseases Prevention Act?—Only that I should like to see it carried out effectually.

1735. Do you think that any additional powers are required?—I have not studied the Act very much.

1736. Do you approve generally of the Act?—I do. I am of opinion that the public brothels ought to be licensed and registered.

The witness withdrew.

A Tabulated Analysis of 2,515 cases of Venereal Disease discharged from the Surgical Wards of the Royal Naval Hospital at Plymouth, during the Years 1861, 1862, 1863, and 1864.

Nature of Cases.	1861.	1862.	1863.	1864.	Total.	Remarks.
Stricture, with previous gonorrheal history	22	16	19	22	79	
Gonorrhœa	84	55	71	119	329	Complicated, in about two-thirds of the cases, either with orchitis or sympathetic bubo.
Simple chancres	235	82	116	107	540	
Chancres, with suppurating buboes	203	95	142	132	572	These cases manifested no secondary symptoms whilst under treatment.
Chancres, with suppurating buboes, followed by secondary syphilis	33	55	59	62		
Viz.: Roseolar	18	21	19	24		
Papular and tubercular	5	8	16	15		
Squamous	3	2	1	...	209	
Pustular	2	9	9	8		
Iritis	1	4	2	1		
Rheumatism	4	11	12	14		
Chancre, suppurating bubo, and tertiary syphilis	...	1	...	...	1	Disease of bones of the nose.
Chancres, followed by secondary syphilis	68	62	68	80		
Viz.: Roseolar	36	23	36	32		
Papular and tubercular	4	17	8	17		
Squamous	15	7	8	4	278	
Pustular	2	7	8	16		
Iritis	4	2	3	...		
Rheumatism	7	6	5	11		
Cases of secondary syphilis, admitted as such	98	90	101	148		
Viz.: Roseolar	9	...	6	...		
Papular and tubercular	2	9	12	28		
Squamous	16	10	13	33		
Pustular and vesicular	17	29	27	25	437	
Iritis	6	10	14	16		
Rheumatism	22	24	18	43		
Eruptions not specified	26	8	8	...		
Disease of mucous membrane of mouth	...	...	3	3		Mucous tubercles.
Sloughing and Phagedenic chancres	14	4	5	4		
Followed by secondary syphilis	2*	3	1	1	7 27	* 1 copper-coloured eruption; 1 rheumatism.
Not followed by secondary syphilis	12	1	4	3	20	
Tertiary syphilis	9	7	14	13		
Viz.: Nodes	7	2	11	11		
Disease of nasal bones	1	1	1	1		
Disease of frontal bones	1	...	1	...	43	
Ulceration of leg	...	3	1	1		
Ulceration of cheek	...	1	...	...		
Total	766	467	595	251	2,515	

Total number of surgical cases admitted during the period of this Return	4,226
Venereal cases admitted	2,658
Ditto discharged, as above	2,515
Per-centage of venereal cases admitted	62·89

ADDENDA.

Cases of Venereal Disease admitted from January 1 to March 31, 1865.

Description.	No.	Remarks.
Gonorrhœa	37	Complicated in 14 cases with orchitis; 4 with rheumatism; 1 with conjunctivitis; and several with buboes.
Syphilis ... { Primary	138	Total number of surgical cases admitted during the quarter 364
Syphilis ... { Secondary	95	Ditto of venereal cases 270
Total	270	Per-centage of venereal cases, 74·17.

Analysis of the above-mentioned 233 cases of Syphilis.

Primary Syphilis.										Secondary Syphilis.										
	Character of Sores.					Position of Sores.						Position of Sores.					Character of Sores.			
No.	Soft.	Indurated.	Sloughing.	Serpiginous.	Phagedenic.	Prepuce, inter.	Glans.	Prepuce, ext.	Sheath.	Description.	No.	Prepuce, inter.	Glans.	Prepuce, ext.	Sheath.	Uncertain.	Soft.	Indurated.	Sloughing.	Doubtful.	Remarks.
138	77	58	2	1	—	96	16	13	13												Complications.
Of the above 138 cases of primary syphilis 53 became secondary subsequent to admission, viz.:—										Roscolar ...	20	7	2	3	6	2	...	13	...	7	1 with condylomata. 7 with rheumatism.
Roscolar ... 13	...	13	...	...	...	8	1	2	2	Papular ...	40	23	5	4	6	2	...	25	...	15	1 with condylomata. 5 with iritis. 10 with rheumatism. 1 with onychia.
Papular ... 30	1	29	...	...	...	22	3	1	4	Pustular ...	16	6	1	4	4	1	...	7	2	7	1 with condylomata. 2 with rheumatism.
Pustular ... 1	...	1	...	...	...	...	...	1	...	Tubercular ...	11	6	...	...	4	1	...	6	...	5	1 with condylomata. 2 with rheumatism.
Tubercular. 7	...	6	1	...	...	5	...	...	2	Vesicular ...	1	1	...	...	...	...	...	1	...	...	1 with rheumatism.
Vesicular ... 2	...	2	...	...	...	2	...	...	...	Ulcerated throat	1	1	...	...	...	...	...	1	..	...	
										Nodes	6	...	...	...	2	4	...	...	...	6	2 with rheumatism.
										Total ...	95	44	8	11	22	10	...	53	2	40	

General Observations.—Of the 77 cases of soft sores, under the head of primary syphilis, 28 became indurated subsequent to admission.

24 of the cases of secondary syphilis were likewise complicated with suppurating buboes.

Synopsis of the Cases under Treatment in the Surgical Wards of Plymouth Royal Naval Hospital, on a particular day, namely, February 20, 1865.

Description.	No.	Primary Syphilis.						Secondary Syphilis.							Tertiary Syphilis.		
		Total Number.	Soft Chancre.	Indurated.	Phagedenic.	Sloughing.	Serpiginous.	Description.	No.	Character of the Primary Sores. Indurated.	Soft (on Glans Penis.)	Serpiginous.	Sloughing.	Doubtful.	Total number.	Ulcer.	Nodes.
Surgical cases, not venereal	34							Roseoloid. ...	30								
Gonorrhœa	36							Papular	47								
Syphilis	175	60	40	17	...	2	1	Tubercular ...	10								
								Pustular	* 9	64	1	1	1	45	3	1	2
Per-centage of venereal cases, 86·12.								Squamous ...	9								
								Condylomata ...	4								
								Vesicular ...	3								
Total	245	60	40	17	...	2	1	Total	112	64	1	1	1	45	3	1	2

Remarks.—Primary Syphilis.—25 of these cases were complicated with suppurating bubo.

Secondary Syphilis.—Of these cases 24 were complicated with suppurating bubo; 11 with rheumatism; and 7 with iritis.

* Including 1 rupia, 1 ecthyma.

(Signed) ROBERT BEITH, M.D., *Deputy Inspector-General, &c.*

Friday, 3rd March, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Gordon Hardie, Esq., M.D. (Surgeon of the 73rd Regiment), examined.

Dr. Hardie.
3 Mar. 1865.

1737. *Chairman.* Have you had frequent opportunities of seeing primary sores in their earliest stages?—I have.

1738. Presuming a primary sore to have existed three, or four, or five days, can you readily distinguish the infecting from the non-infecting variety?—In the majority of cases I think I can,—with a high probability at all events; but I would much rather have a "locus pœnitentiæ" afterwards for casual oversights, for all the characters do not develop themselves in a space of four or five days.

1739. Supposing a doubt to arise in your mind as to the nature of the primary sore, whether belonging to the one or the other class, would any evil arise from negative treatment, until the nature of the sore became developed?—None whatever—my treatment is negative and local.

1740. As a rule, does the simple non-infecting sore produce secondary disease?—Certainly not.

1741. Have you seen secondary disease follow a suppurating bubo?—Yes.

1742. That bubo being the product of a soft sore?—That I cannot say; but I have had cases in which the first element, although syphilis was not suspected at the time, seems to have been a suppurating bubo; but there is always the danger of error, and that the primary sore may not have been examined, nor the symptoms carefully observed. A man may come in with what may be presumed to be adenitis, and occasionally the sore may escape detection. I should rather infer that the latter was the more frequent source of error.

1743. What was the nature of the eruption; was it identical with the eruption of the infecting sore?—In the cases in which a supposed chancroid sore or suppurating bubo has been followed by an eruption, it has resembled in all respects the characters of secondary or constitutional syphilis.

1744. Have such cases been numerous in your observation?—No, very rare; they have not always been diagnosed by myself; sometimes they have been diagnosed in my absence by others.

1745. Because if it be the product of a soft sore, and moreover, if it be a chancroid sore, it may be the product of some modification of the same poison?—That is a question of origin—not a question of observation. I have occasionally met with an infecting sore, which I have diagnosed to be such, which has been capable of inoculation, as fully as if it were a chancroid sore.

1746. You occasionally meet with an infecting sore that is capable of inoculation?—Yes, on inoculation you get pustular ulcers, as though it was a chancroid non-infecting sore.

1747. Is not that (*i.e.* chancroid) rather a soft sore?—Yes.

1748. They are identical?—No, not identical. I use "chancroid" as a general expression for all other sores than the primary infecting. I use it in a more generic sense, including secondary sores.

1749. How would you treat the secondary eruption of a simple sore, should such a case present itself?—I should not look upon it as the secondary eruption of a simple sore; I should look upon it rather as an error of my own in the diagnosis of the primary sore. (See answer to 1866.)

1750. If that be so, you might answer the question negatively?—No; because there are certain cases in which, from the notes taken at the time, it has appeared that the sore did not present characters of induration, &c.; but this may have been an error of observation, or it may have been an accurate observation. (See answer to 1866.)

1751. Have you ever considered how syphilis is imparted during intercourse, whether by lesion of the covering membrane, or by transmission through that membrane?—I have not. My own idea, however, is that in a great majority of cases, there must be abrasion of some sort, and a contact of moist surfaces—abraded surfaces. That, I think, is the most probable, although I do not say that the other is impossible. I believe that it is highly possible, if a man does not attend carefully to the cleanliness of his person. It is perfectly possible if the virus remains on a moist surface, resembling more a mucous membrane, and lies there, that it may operate through that without abrasion; but it is difficult to prove, because abrasions are so infinitely frequent.

1752. The best evidence of the disease may exist in either the sore, or the thickening, or both conjoined?—Yes, the last the strongest.

1753. The period of incubation is long?—Very often.

1754. At what date do you consider the constitution becomes involved?—You may almost say from the first moment of infection. If I wanted to date particularly the epoch when the constitution gives a guarantee that it is affected, I should say the date of the induration of the primary lesion; that, in my opinion, gives the earliest sure index that the constitution is affected in the male.

1755. I presume that you would deem local treatment by excision or by caustic, termed abortive treatment, useless, after the period when the constitution is involved?—Certainly. In fact I never attempt abortion in cases in which I diagnose the infecting chancre. I only abort the chancroids. I think that it confounds your diagnosis very frequently, and I believe that, as far as one's knowledge of other people's opinions goes, the utility of it is very questionable—it must be done completely and at the first moment to be of any use, according to the histories that we have of that mode of treatment.

1756. If it is done at the moment when the induration first appears, that of itself, according to you, and according to other authorities, is a guarantee that the constitution is involved already?—Yes.

1757. Are you an advocate for the unity or the duality of the venereal poison?—For the duality of the species, undoubtedly. I do not speak of the origin; I do not profess to know anything about that.

1758. When you say species, you mean that either of those may be divided?—No; I mean that they are each of them distinct in characters and consequences, capable of propagating their like, and as such entitled to rank as separate species.

Dr. Hardie.

3 Mar. 1865.

1759. Does syphilis select any form or variety of constitution?—You see it in every constitution, but its favourite habitat is the strumous constitution. I think that a vast number of those who undergo the risks of contagion escape.

1760. Is not anæmia eminently characteristic of the disease, and, therefore, the weaker the patient the more dominant the disease?—I would not reason quite so, because I look upon the anæmia as the effect of the disease.

1761. Therefore, the weaker the patient the more dominant the disease when established?—Possibly; but you do get slight cases sometimes among the feeble. It does not always follow in that simple ratio; but I look upon anæmia as a part of the result of the disease. I have seen healthy men reduced to a state of anæmia by the disease.

1762. How do you treat the primary syphilitic sores?—For a long time past I have treated them purely locally, with simple cleanliness, and the constant application of some simple wash, such as a dilution of the liq. sodæ chlorinatæ, about a twentieth. But I have treated them through the system from the first, and had good results both ways, and bad results both ways. I have treated the primary sore with mercury (I am speaking merely of the indurated sore).

1763. Do you give tonics, coupled with this local treatment?—No; I give them good diet; and that, I think, is quite adequate. I never give them low diet. I always give them a half diet, and keep them in bed for a certain time. If the sores do not heal rapidly I let them get up, and let them have fresh air and exercise.

1764. While using the mercurial treatment for the primary sores, have you observed whether or not it exercises any beneficial influence on the constitutional disease, whether in modifying it or in postponing it?—I think, in both; and I think that I saw most decidedly that it was postponed, and minimised by the agency of mercury—the judicious agency of mercury, slight and gradual. It was never pushed to salivation, never to the point of making the mouth permanently sore, in fact hardly ever sore.

1765. Have you not seen the secondary disease present itself while the patient was under treatment by mercury for the primary sore?—Frequently.

1766. I understood you to say, notwithstanding these apparently beneficial results, that it protracts and modifies the secondary disease?—No; that it delays and minimises its manifestations.

1767. And, notwithstanding, you have left it off?—It is for official reasons exclusively that I have left it off—to give the other system a fair trial, to let me know the strength of the other side of the question.

1768. And the decision is in favour of mercurial treatment?—If I was treating a strong, healthy man, my decision would be to use a mild mercurial course, externally administered by preference.

1769. Your non-mercurial treatment of primary sores was not eminently satisfactory?—Yes; I think it was, for the sore itself; but I do not think general treatment is relevant to the sore at all. I look upon it as directed to the constitutional evolution of the disease. I do not care at all about the local disease; that will always cure itself, and does, in a majority of cases, very satisfactorily.

1770. Supposing you were precluded by circumstances, official or otherwise, from the use of mercury and iodide of potassium, what class of remedies would you then resort to?—I am rather puzzled; but I have seen cases of men joining from the depôt and elsewhere in which I have traced the syphilitic virus evolving itself so quietly that I have let it run

on for some time (some of those cases are still within my ken), and they have come to no harm. Others have come to my knowledge where the thing has been unappreciated for years, and therefore has been untreated, and I have left it to go on its own course, and there have been no evil consequences following in some cases. In other cases, the worst forms of tertiary syphilis have been the result of the virus acting on the constitution without any intervention of medical art.

1771. Have you met with many examples of tertiary syphilis arising from cases having been untreated?—All my worst cases, nearly, of tertiary syphilis are of that class.

1772. Have you had many such cases?—No. I should say that they are not cases for which I am responsible; they are cases which I have inherited with the charge of the regiment.

1773. Have you had any experience of the treatment of the primary syphilitic sore, with its induration or thickening by iodide of potassium?—No; I have no particular knowledge of that; not of the primary sore. I have never considered my treatment as directed to the primary sore.

1774. Have you not treated cases with bark or iron?—I give iron the moment I see the anæmia coming on.

1775. What is the most common form in which these affections present themselves?—They have a number of forms; the most common is the roseolar with a few flat papules scattered more or less, with pustular crusts on the scalp and tumid occipital glands, with mucous patches in the mouth, and frequently at the anus, scurf in the hair, a falling off of the hair, and tumefaction of the posterior cervical glands. That is, I think, the most general class of cases. Then there is another very distinct type, in which the secondary eruption seems to seize upon any eruption that has existed before; for instance, if acne have existed upon a man, he will have a very copious eruption of papular pustules. The other day I had a case in which a man had recently had itch, and had been treated for it by sulphur, and the papular eruption came out, selecting this very seat of the old eruption, on the front of the trunk, whereas its usual seat is at the back of the trunk, its preferential seat. Then there is another very well-marked type, the papular, where the trunk and limbs are thickly beset with papules of lichen, the favourite seat of which is the posterior aspect of the trunk and limbs, and the lower occipital scalp, and this is the form which is particularly associated with iritis; so much so, that I am always on the look-out for it; but there are many varieties of eruptions; in hardly any case have you only one; there are always two or three, but the roseolar is the most prevailing.

1776. What is the average period during which a soldier is in hospital up to the date of his cure, when he can return to his duties?—That is an impossible question to answer. I have had them a year in hospital, and in other cases six weeks.

1777. For the primary and secondary disease included?—No; I have had men continuously for a year in hospital; for ten months, and for seven months continuously.

1778. What is the average time for a case of syphilis; I suppose there must be an average time?—No, there is not; it is very difficult to fix averages. It is almost impossible to give an approximate average of the duration of time. I believe that a man ought to be under treatment for secondary syphilis, with the slightest symptoms, for three or four months, but, unfortunately, one cannot always give them that time; a man is well, apparently—he says that he is, and he wishes to go to his duty; the tedium of the hospital oppresses him, and I think that we act

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wisely in letting him go out, although we know that he is not cured. I say to every man, "I do not guarantee your cure—I cannot do that; and the only caution that I can give you is, that the moment you find anything coming on, come and tell me. If I can save you from going into hospital I will." I often give them medicine outside in that way, and I believe that they do better.

1779. You would not fix the period at three or four or six months?—No; I think that no case can be called cured which has not been under treatment for a considerable time. It is possible that nature may eliminate the disease by the patient taking strong exercise.

1780. Is he, generally speaking, fit for duty throughout the interval between the two stages of the disease?—Yes; I think that in many cases you may discharge a man safely, and be sure that he can perform his duty well; and more than that, I think that many secondary cases of syphilis in hospital are perfectly fit for doing their duty, and would be the better for going out and doing it, if they got their medicine regularly.

1781. With respect to the primary syphilitic sore, is there not great variety in the degree of thickening or induration?—Yes.

1782. Is it not frequently difficult to detect it?—I think it is very easy to detect it; but it is sometimes difficult to distinguish it. I think there is a thickening belonging to the soft sore which is very difficult to distinguish from the genuine induration in some places, particularly in the furrow or cervix, where almost every sore has more or less a feeling of induration.

1783. In consultation between yourself and your assistants, has there not been a difference of opinion as to whether there was or not a thickening.—Yes; still, in all those cases, in syphilis I think more than in anything else, you require to have had experience to decide the point. It is not a matter of opinion—it is a matter of skilled tact and judgment.

1784. Have you had opportunities of ascertaining which variety—whether the most or the least indurated sore, is followed by the more severe symptoms?—It has not struck me with any degree of force that there is a ratio.

1785. Are you familiar with what is termed a mixed chancre?—I have had cases.

1786. Can you say whether it has a short or a long period of incubation; I speak now of the mixed chancre?—There are many forms of it. You may have both on the same person at the same time, or you may have soft sores, followed by a well-marked indurated sore commencing in the hospital, when he has been there perhaps for six weeks; these are puzzling cases, capable of various interpretations.

1787. Is that what you understand by mixed chancre?—No; that is one form only. I have had cases in which there have been five or six soft chancres, and two well-marked indurated chancres on the same person. I knew a case of a chancre that was supposed to be a soft sore for a long time; I thought it was soft, and I succeeded in inoculating the man from it; but it indurated, and was followed by secondary syphilis; I consider that it was a mixed chancre.

1788. That was not an indurated chancre, I presume?—It became indurated.

1789. How did you inoculate the man?—In the ordinary way. I have done it more than once.

1790. Can you inoculate with a hard chancre?—I do not mean to say that you generally can on the same person; but you sometimes produce a pustular sore, which is inoculation.

1791. What do you understand by a "parchment chancre,"—is it the

same?—No, that is always situated on the loose outer skin of the penis; it is a very superficial sore, requiring very often to be picked up in one diameter only, to appreciate the induration; it is hardly ever elevated, and sometimes it is more like an abrasion, as if the skin had been dissolved, and when you pinch it up very often, in one diameter, you appreciate very much the sensation of a piece of parchment. It is almost always on the body of the penis; the inner prepuce is a favourite seat for the most marked forms of the ordinary induration. On the glans the induration is inappreciable, and the diagnosis between the two is extremely difficult. *Dr. Hardie.* 3 Mar. 1865.

1792. Have you seen induration precede the ulcer?—No, I cannot say that I have.

1793. What is the form of the syphilitic ulcer generally; is it scooped out or flat, or as if you had taken a knife and cut off to the level of the skin?—The advice that I always, in teaching any one, wish to give them is to watch the character of the surface and the edges; that would be the best guide. The edges are sloping and continuous with the surface in the one case, whereas they are abrupt, vertical, and often undermined in the non-infecting sores.

1794. Have you seen many cases of phagedena?—I have seen a good deal of it in the last year.

1795. Is it, in your opinion, syphilitic?—It is an accident of locality in some cases.

1796. Is it syphilitic?—I do not understand the question.

1797. Do you identify phagedena with syphilis?—Certainly not.

1798. Is it the result of a specific poison, so far as you are aware?—I think it is very likely the empoisonment of the locality, or the poison generated in a hospital; but there is nothing specific in it.

1799. How do you treat phagedena, with or without mercury?—I have ceased to treat primary sores at all with mercury. I think that fresh air and iron are about the two things needful in that case. Put a man out into the verandah, if in India, and he will very soon cease to have it.

1800. You are of course aware that phagedenic sores lead to secondary eruptions?—Undoubtedly, sores with phagedena may.

1801. They are no longer the original sores?—Yes, they are the original sores, with an accidental condition added.

1802. Which overwhelms the original sore?—I do not know that. I have seen phagedena with very little loss of substance, distinct phagedena with molecular necrosis of the part, and the man after all has not lost a very great deal; it is very different from sloughing *en masse*—that is very much more the character of the chancroid sore.

1803. A man may have a recurrence of phagedena, may he not?—Fifty times.

1804. But not of syphilis?—He may have numerous relapses, and occasionally I know that it does recur a second time in a man's life.

1805. *Mr. Quain.* You stated that you had seen the soft sores in some cases followed by constitutional symptoms; where were those soft sores situate?—I rather wished to express that I had seen what had been described as soft sores; but I think that, when I have looked back to my descriptions, or to those of my assistants, I have not been at all satisfied, from the observations made, that they were entitled to very great trust. At the same time I do think there was one or two. For example, the one in which the inoculation was successful was followed, after the normal interval, by constitutional symptoms; therefore, I think, it is very possible it may sometimes not have induration. In fact, to

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take the case of the woman, she has no induration. I have been at the "Lourcine" in Paris, a hospital for women, and I have asked them to show me an indurated sore in a woman; but they could not do it. At Brussels it was the same thing. I think that you have no right to consider the induration as the essence of the sore in a man. It is certainly a very important indication, but I should not say it is an invariably necessary one. It is well marked in early secondary sores also.

1806. You stated that you recognised two especial kinds of sores, different in species, that would propagate their like?—Yes; in suitable circumstances.

1807. Have you any facts to show that sores do propagate their like from an examination of the male and female?—No; I have no knowledge of that sort. We have no opportunity of confirming it in this country.

1808. I think you stated that you had used the abortive treatment in the soft sore or chancroid?—Yes.

1809. What was the effect of it as regards the duration of the disease in the persons so treated?—The great advantage is that it puts out of all question the occurrence of virulent bubo. If you destroy the surface thoroughly with pernitrate of mercury, you succeed in doing away with any risk of the virulent bubo, which is by far the most tedious accident of that class of sores. After the surface is once destroyed, as a rule, you have a healthy granulating surface, which heals like an ordinary granulating sore.

1810. Did you ever try to inoculate that ordinary sore?—Yes.

1811. Did you succeed?—Yes; perfectly.

1812. I mean after the abortive treatment had been used?—Yes; I believe so. Although I cannot give you the case, I think it was attended with success; but in a case of that sort I should say that I have not guaranteed the perfect cauterisation of the sore.

1813. Did you fail more frequently or succeed more frequently in producing a sore by inoculation after the abortive treatment?—I have not made a habit of doing it. I have casually done it when a sore has shown by its extension or the circumstances connected with it that the virus was still in it. A sore came under my notice the other day that had been cauterised by a surgeon before it came to my hospital, and there was a difference of opinion; it was a doubtful case. But to clear up its nature I inoculated the man, and it took perfectly, the difficulty in the diagnosis was more with reference to well marked indurated glands in both groins which I had noted months before the sore occurred.

1814. Then you attribute the success of the inoculation to the abortive treatment not having been carried out sufficiently?—Certainly.

1815. Have you often tried to inoculate, after the abortive treatment has been used?—No; only rarely; not unless I find that the sore extends, or preserves its chancroid characters.

1816. You stated that, in your opinion, the treatment of the primary infecting sore minimised the constitutional disease?—I think it does.

1817. Have you any facts which would prove that?—Certainly; all my cases are recorded.

1818. I mean, as compared with other cases?—I do not think that that is a fair test. I should not be inclined to dwell upon that. All these things are much more impressions on the mind than things capable of proof. I have histories on both sides.

1819. Have you treated the constitutional disease in different ways—with mercury and without?—Yes; in both ways.

1820. Have you any recorded facts which would show the results

comparatively of the two methods?—I do not think that the results would be of such a nature that you might say decidedly that the one had a very great preference over the other?—I think that they are nearly balanced.

1821. Do you believe, then, that the constitutional disease will pass away without mercury?—Certainly.

1822. Do you believe that the duration of that disease will not be much longer, if there is no mercury given?—I do. I think I might say that the duration would not be much greater, although I still have a slight preference for the mercurial treatment from my experience of both. I have tried one and then the other, and I know that nature in some cases is adequate to the cure. That is the strongest fact of the whole.

1823. Have you noticed that relapses have occurred after treatment with mercury and without it?—Equally.

1824. You believe them to be equal?—Yes; but it is the law of the disease, not the effect of the treatment.

1825. Have you noticed the children of persons who have had syphilis?—I have not had many opportunities of doing so.

1826. Have you observed the tertiary disease without treatment by mercury?—Certainly, in some of the worst forms.

1827. What were the worst forms that you have observed without any treatment by mercury?—Cases of gummata and necrosis of skull; of inflammation of joints and necrosis. One of the worst of these was never put down as tertiary syphilis, as he persistently denied it, and I had no personal knowledge of his antecedents: yet it was, I think, a model case of tertiary syphilis. I can give you a list of the diseases from which he suffered after coming under my notice. He was admitted in August, 1862, with fracture of the fifth rib, right side, from boxing; in December, with synovitis of the right knee, from which he had suffered previously in the early part of the year, when absent on Musketry practice on Dartmoor. In 1863, he was admitted four times; twice with chronic synovitis of the right knee, with rheumatic pains in elbows, knees, and shins, aggravated at night; once with abscess below left knee connected with bone disease of head of tibia; and the fourth time with necrosis of it, with ulcer and sinuses. In 1864, two admissions: first for necrosis of tibia, and second for necrosis of tibia and fifth rib at the seat of fracture. An abscess and sinus formed, laying bare the rib for between two and three inches. He was reduced very much, but sprang up marvellously under treatment by iodide of potassium. He was then invalided, persistently denying any knowledge of having had syphilis, and of course having had no mercurial treatment for it.

1828. Have you met with other cases of tertiary disease in persons who have been treated without mercury, and whom you know to have had other symptoms of syphilitic disease before that?—Certainly; I think that the majority of my cases of tertiary syphilis have cropped up in that way—that they have been overlooked cases of primaries and secondaries.

1829. You know, from other evidence, that they had had syphilitic disease?—Yes. In many cases the history works itself out very clearly. I have a man now in hospital, who came in a few days ago, who had had secondary syphilis. It was well known that he was in that state in India. He had nodes shortly after I had joined the regiment, and after that he had syphilitic iritis. He has been in once or twice for nodes and serpiginous ulcers; and again, for the third time, he came in the other day with a second attack of iritis of the left eye. There is a mixture of secondary and tertiary symptoms in that man.

1830. What, in your experience, has been the common duration of

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1831. When do you think you might consider a person who had no appearance to be free from constitutional disease?—Never. From the things that I have seen there seems to be no real test. I think that the ultimate test is, of course, the absence of all symptoms, and even that sometimes is compatible with begetting unhealthy children.

1832. Supposing you were asked to give advice as to when a person might marry, what advice would you give him as to the time, he being apparently in perfect health?—I gave a man that advice the other day. I said he was not to marry for two years after he was considered sound and safe; but it is impossible to pretend to give a precise opinion.

1833. Have you any knowledge of syphilis occurring a second time in the same person?—I have.

1834. After what interval was it that the second attack took place?—Thirteen years, from onset to onset.

1835. How long did the first attack last?—I think I may say for nearly two years.

1836. How was the first attack treated?—Very slightly. At first the primary sore was treated with local means; for the secondary disease, both mercury and iodide of potassium were given.

1837. What were the appearances in the first place?—As far as I recollect, it was an indurated sore; but the greater induration by far took place subsequently to the healing of the sore. I am speaking now of the original primary disease.

1838. Were there indurated glands?—Yes, in both groins, but chiefly on the left side.

1839. Were the glands of the neck enlarged in that case?—My attention was not called so much to them; but the hair was, to a certain degree, falling off.

1840. Was there an eruption on the skin?—Yes, there was; both roseolar and lichenoid, and subsequently ecthymatous sores on the right elbow. Iritis also, and mucous patches.

1841. Was there any mercurial treatment in that case?—Slight; the greater part of the treatment was by iodide of potassium; the patient had hemoptysis at the time.

1842. How did the second attack begin?—That was the result of an operation. It began by a puncture on the finger in dividing a fissure in the rectum of a man who had recently been under treatment for secondary syphilis. At that time, and for five months afterwards, there were no obviously fresh secondary symptoms in the man, beyond the fissure.

1843. What was the appearance of the sore, or was there any sore upon the man at the time?—There was a painful bleeding fissure—nothing but an ulcerated mucous patch, at the edge of the anus, which was extremely painful, and would not heal, and the only thing to be done was to operate.

1844. That was a secondary appearance on the man?—Yes; I have the history of the case. I watched it from the original sore, and from the moment that the man was operated upon.

1845. Do you believe that it was not a primary sore upon that man?—I am sure of that—I had treated the primary sore.

1846. On the second occasion how long has the disease lasted?—Already close upon three years—it will be three years in June.

1847. What were the forms of the constitutional disease which appeared on the second attack?—Nearly every form. It began with flat papules and some pustular crusts on the scalp; loss of hair; lichenoid

papules on occipital scalp; circles of papules; eczema; occasional ecthymatous pustules; mucous patches constantly recurring. The symptoms still evolve themselves at the end almost of three years. *Dr. Hardie.* 3 Mar. 1865.

1848. On the second occasion was there any treatment by mercury?—A little was given, but chiefly iodide of potassium.

1849. Is there much gonorrhœa in the army?—A great deal.

1850. Are the cases taken into the hospital generally?—Yes.

1851. What is the general mode of treating gonorrhœa?—I treat it with a mixture of cubebs and copaiba, with tincture of perchloride of iron. I inject a weak solution, either of chloride of zinc, or sulphate of copper, but chloride of zinc latterly; I keep the man in bed, and give him a mild low diet.

1852. Does the disease last long?—Not as a rule.

1853. What is the common duration of it?—I think from about ten days to a fortnight is the average of the time they are in hospital.

1854. Have you seen much of gonorrhœal rheumatism?—None; I never find it.

1855. *Dr. Wilks.* You stated, I think, that you generally waited, in the case of a sore, until it put on some characteristic form, and yet that you did not adopt the abortive treatment?—I said that I never attempted it in the case of a sore that was diagnosed to be a primary infecting sore, and that I merely adopt it when I make a diagnosis of the chancroid.

1856. I understood you to say that you often saw the other form of sore before induration, and yet that you waited until the latter appeared?—Yes, I do not judge of it by the induration alone; for instance, if I meet with a sore with continuous edges, and with other symptoms, I think that, in all probability, that is one of the kind. At the end of three or four days, if you are dealing with a chancroid sore, you will have nearly made up your mind that it is a chancroid sore.

1857. Should you have any objection to using the abortive treatment for a sore that would eventually become indurated?—Yes, and for this reason; merely looking at the thing as a matter of study, I have found that if I tampered with the sore, some of my cases of supposed induration have been deceptive in that way, and cases of induration have come in which have been proved to be the result of caustic. I look upon it that it is better to study the sore as it is in its natural state.

1858. Are you of opinion that the escharotic method is of no value?—I cannot give a positive opinion upon that; but I believe that that is the opinion of the most advanced school. Ricord, and other French practitioners, are of that opinion; unless you do it at first, and it is very seldom that you can do that in the army. I do not think that in the army you would be justified in resorting to it unless you had got the very first of the sore.

1859. What is your principal objection to the abortive treatment?—My chief objection to it is that you modify the sore so much that you have not the same rational ground for believing that you see the sore evolve itself according to its nature.

1860. As I understand you, you do not use the abortive treatment because the sore is not seen sufficiently early, and on the other hand, that the character of the sore would be altered?—Yes.

1861. Then there are no great advantages in seeing a patient early?—I think that the sooner you see him the better.

1862. For the sake of treating the sore?—Partly; but I do not think that the treatment of the sore is the essential treatment of the disease.

1863. But, of course, it would be important that a man having the disease upon him should apply as early as possible for medical assistance?—Certainly; and he is punished if he does not do so; but I may

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state that a large proportion (I think about a third) of the whole number of cases of chancres are never seen in the early stages. There are about 79 men in whose cases I think the chancre came before me in its open state. Out of 146 men affected with constitutional syphilis, or who had had what were supposed to be indurated sores, 79 came with the chancre, 33 without chancre, just after that, or with such fresh syphilis that they ought to have had chancre. In the majority of the cases I was satisfied that chancres had existed, and had been concealed. In 34 cases the symptoms were observed at that late period that you did not expect chancre to have existed recently.

1864. Is it your opinion that a patient should come before you as soon as possible?—Yes; because then he comes under our observation for his own benefit, and ever after the knowledge of the taint elucidates many obscure points of his pathology.

1865. Have you ever seen any secondary symptoms without indurated bubo?—I have occasionally found secondary symptoms appear without what you may call the pleiad. Sometimes I have failed to find it, and sometimes the glands have been merely pisiform, and sometimes only one gland has been enlarged.

1866. I understood you to say that you might be mistaken in the character of the sore; but you consider that the secondary symptoms are characteristic of the existence of syphilis, and that you would be guided by them rather than by the sores?—There are cases in which I should probably confess that there has been an error of observation and description. But there are other cases, possible and actual, which are consistent with an accurate description of a soft sore as the only recorded one. The patient previously or intermediately may have had an infecting chancre without reporting it, or he may have had an unreported attack of constitutional syphilis prior to the non-infecting sore, so that what you see is not the first evolution of secondary symptoms, but merely a relapse.

1867. You do not acquiesce in the opinion of those who, although they may see a number of symptoms, would not recognise them as syphilitic, because the sore did not present any typical character?—Certainly not.

1868. From the case of the surgeon which you have mentioned, you have no doubt that constitutional syphilis is contagious?—Certainly not; it is so, undoubtedly. I believe that many of the sores that we see in men, after they have had secondary syphilis, are the results of their own diathesis evolving itself on slight contact, and probably the man going with a perfectly clean and healthy woman would infect her at the time.

1869. Have you formed any opinion in such a case as you mentioned, whether it was a discharge from the skin or from the blood?—I thought that it was from the blood in the case to which I have referred, for the finger was punctured; and, of course, there is this probability, that as the knife went into the sound skin behind the fissure, it would emerge upon the finger in the rectum without ever touching the surface of the mucous patch itself.

1870. You have stated that you knew there were diseased men and women, who, when examined, had no primary sore upon them?—No; I said no indurated sore.

1871. Do you think that syphilis in a man is often obtained from women who have constitutional syphilis?—Undoubtedly.

1872. Do you think that they have any excoriation upon them, or is it from a discharge?—I think that any discharge almost is sufficient; and, unfortunately, our men have not the right habits of cleanliness, nor the

right means of practising cleanliness, and I have no doubt that in many cases the poison of syphilis lies in contact with their skin. *Dr. Hardie.*

1873. Have you any facts that will prove that?—No; we cannot get at them. They are not to be got at. We have no such opportunities. We know nothing whatever of where they get the syphilis; but we know that women go on infecting men, long after the period at which the primary affection ceases. 3 Mar. 1865

1874. You know that the men go with a class of women who have constitutional syphilis?—Undoubtedly; I think the probability is very great that by far the greatest proportion of the men are infected by women in the secondary stage of the disease.

1875. Have you witnessed constitutional syphilis in a man without any sore?—I have frequently done so. 67 of the cases that I have referred to are of constitutional syphilis, in no one of which have I seen a sore.

1876. But in which cases the men have given no history of a previous sore?—Yes, in some; and I believe that there are some of them which are perfectly *bonâ fide*. In such a case you may imagine that infection may have been by a mucous patch on the lip or other place. I believe that there are some of these cases in which the men are perfectly to be believed as to the absence of a previous sore on the genitals.

1877. Have any of these men stated that they had a discharge from the urethra?—No; I have one case in which the secondary syphilis came out immediately after the man had been discharged from hospital with gonorrhœa, but on getting him back again to hospital, and examining him, I failed to detect any trace of primary syphilis; but he stated that he had had mucous patches some months before at another station, and the probability is that the eruption which I then saw for the first time might have been a relapse; there is that liability to error, that you cannot always tell whether a case is the primary evolution of the secondary symptoms or a relapse.

1878. Am I to understand that your opinion agrees with that of many others now-a-days, that mercury is not antagonistic to the disease, but to the effects of the disease?—It is extremely difficult to give any definite idea upon that; it modifies the symptoms. I will say this, however, that we have a proof of the value of treatment in syphilis that we very seldom have in any other disease, that if you stop the treatment the disease reappears, and if you resume the treatment the disease disappears. In all probability it must either neutralise the virus or eliminate it. I have a case in which iritis of the other eye supervened at the moment when the man was under the full influence of mercury for the cure of iritis in the first eye.

1879. *Dr. Babington.* To what extent do you give mercury?—As a rule I never give it to touch the mouth. I find that the action of it is the most satisfactory when it is given in a very slow form; and, therefore, as a rule, I prefer Plummer's pill more than any other, because it seems to have less tendency to produce ptyalism than any preparation that we employ in England; but some of our most satisfactory cases have been treated by inunction.

1880. I think that you stated that it did not materially affect the cure, whether you gave mercury or did not?—I think so. I think I may say that my experience is not such as to give a very great preponderance of advantage to the mercurial side of the question. I have a preference, but it is only a moderate one, for that.

1881. Have you never seen ill effects resulting from the exhibition of mercury?—I cannot say that I have; for I may state that a man seldom has his mouth sore in my hospital.

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1882. Have you seen any other instances of constitutional syphilis occurring twice, except that which you have already mentioned?—No.

1883. Do you believe it to be very rare?—Yes.

1884. What preventive measures are used in the army?—None; and I should be very happy to read a letter which I wrote on this subject about three years ago. It was with reference to improvements that might be made in the buildings, and so on, after I came home from India. Syphilis was very rife at that time; the men were very dirty, and there was great excuse for it. (*The letter was read.*)

1885. To what place does that apply?—To Plymouth; the letter is dated in March 1862.

1886. Does your opinion remain unaltered?—Yes; as a preventive means, it is the one that we ought to have at the hands of the authorities. It is in their power to do it, and there is good ground for believing that the men would learn the value of cleanliness, from which certainly a most important mitigation of disease must take place.

1887. Would you recommend periodical examinations of the men?—I would of every man in the guard-room, for they are the men who are the most probable subjects of infection; they are the men who have been out last night, or who were drunk last night; they are the men who have been misbehaving themselves, and if you can catch a man at all, it is then. I have every man who comes into the guard-room brought before me, and he is examined for venereal disease. All the prisoners are examined every morning for venereal disease by me.

1888. What is your opinion of the Contagious Diseases Prevention Act?—I think that if it were put into execution, it would be a very good thing.

1889. Do you think that the provisions of that Act are sufficient?—I think that without the means of local cleanliness it will be insufficient. An Act for detaining the women may do good.

1890. You have, I believe, been in India?—Yes; I have been in India twice.

1891. Have you had any experience of the action of muddar, or any other Indian remedies besides mercury?—No; I have had no experience of native remedies.

1892. *Dr. Balfour.* Can you state to the Committee what is the relative proportion of the infecting and non-infecting sores?—I have two classes of cases, and I have put the men who have had chancroid sores without any constitutional disease apart; 120 cases produced 134 admissions, that is to say, some men came in twice with chancroid. All those are men without any syphilitic history. Then the men with syphilitic histories are 146, of whom 79 have had chancres in hospital; 33 have had chancres concealed or recent, and 34 syphilitic symptoms of older date, without sores being expected. This class also furnished 57 chancroid sores to be added to 134, which make 191 chancroids to 79 chancres in hospital; and 33 to be added for men whose primary disease had been concealed, gives a proportion of 191 to 112—not 2 to 1.

1893. Do you find that the relative proportion of these sores varies at different stations?—At different times, certainly.

1894. But at different stations?—I cannot say that has struck me. At Aldershot we certainly had a stoppage for a while. I think that we had a run of one sore perhaps for a short time, and then a run of another.

1895. Can you give the Committee any information as to the period of incubation of those two kinds of sores respectively. I mean the period between the infection and the appearance of the chancre?—It is very difficult to do that; we are at the mercy of the men for the facts,

which are sometimes utterly improbable and unreliable. I have had some curious cases of slow evolution coming on in hospital after the cure of a soft sore, or what was thought to be a soft sore. A fresh sore appears without fresh intercourse; well marked induration takes place, and secondary syphilis ensues. But again, I have seen a hard sore evolve itself under my eyes in hospital in a man admitted for secondary syphilis; which sore, apart from the knowledge of the period of its appearance, would have deceived the most practised eye and touch into the belief that it was a primary infecting sore.

1896. How long had the man been in hospital?—Seventeen days; he came in on April 20th with secondary syphilis. Two superficial sores appeared on the prepuce, May 7th; they coalesced, and began to indurate in a fortnight. The indurated sore was very tedious. The cicatrix was still indurated, August 10th. In another case, where the original sore had been rather equivocal in character, situated on right upper cervix—noted as healed on the 27th April, nine days after admission—the patient had remained in hospital with phthisis and strumous adenitis until July, when he was invalided. Phthisis had existed since 1860, and the adenitis had existed before the sore, apparently produced by the irritation of a truss. Attention had been withdrawn from syphilis, when, at the beginning of July, a copious eruption of flat papules appeared, on the groin first, then on the abdomen, back, and thighs. On casual examination of the penis, an extensive induration, with superficial ulceration, was found to exist on inner prepuce. This was not the seat of the original sore. Had it been seen with the secondary eruption it could hardly have escaped being mistaken for the primary lesion. Cases such as these prove that typical induration is not exclusively the property of primary infecting sores.

1897. Do you believe that it could be a primary infecting sore?—Certainly not, but a secondary sore; these cases are very rare, they are curiosities; but I do see sores every now and then as truly indurated chancres as it is possible to conceive; they come out and grow up under your own eye, and there can be no deception about it; the syphilitic diathesis is well pronounced. A man has been in hospital with roseola, and yet he gets these sores.

1898. In this case were there any other secondary manifestations?—Yes, he came in with secondary manifestations; but some of these sores are also the early symptoms of secondary syphilis.

1899. Do they appear before the other manifestations?—Not always. I think the indurated sores are very nearly the commencement of the secondary symptoms.

1900. Did you see much phagedena in India?—No, I had very little syphilis in my hospital in Calcutta.

1901. Did you consider the cases that you did see in India to depend upon the non-sanitary condition of the hospitals or barracks, or upon any peculiarity in the form of the disease in that part of the country?—My knowledge of the matter was entirely drawn from what I saw of the men in my own hospital; they came from every place, and I could not tell their antecedents—from Australia, for instance—and phagedena was entirely due to local causes.

1902. *Mr. Cock.* In giving mercury are you in the habit of combining it with iodide of potassium?—Yes, frequently.

1903. In what form—the bi-chloride of mercury?—I have given that, but not so much formerly as latterly; I used to give Plummer's pill almost invariably.

1904. Combined with iodide of potassium?—Yes.

1905. I think you stated that you had examined a good many men

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and women?—I meant to state that I had visited the Lourcine, at Paris, and St. Pierre, at Brussels, and at both places I asked them to show me an indurated infecting sore in the woman, but they could not.

1906. You never saw an indurated sore in the woman?—Never; and they confessed that they hardly ever saw them.

1907. Were the sores that you have seen situated principally in the vagina, or the vulva, or the os uteri?—I have seen them in all parts, external and internal. The mucous papules were very abundant on the orifice of the vulva—the external parts.

1908. *Dr. Donnet.* What proportion does the venereal disease bear to other diseases in your regiment?—A large one. It swells or diminishes mainly with the knowledge of the medical officer. Under the nosological heads of its phenomena, constitutional syphilis may disappear altogether; but when those are seen and appreciated, in relation to their unity of cause, secondary syphilis will be found to have a wider domain than present statistics indicate; while rheumatism, skin diseases, tonsillitis, &c., will greatly diminish. The proportions vary much in different regiments—in some regiments the surgeon boasts that he has no syphilis. I can only give the statistics of my own regiment, and unfortunately they are exceptional. I am considered to be rather a manufacturer of syphilis by principal medical officers.

1909. You have stated, I think, that you have seen several cases of phagedena. Does this form of disease more readily attack a *soft* sore engrafted upon a syphilitic constitution?—No; but I should say that I have had very little experience of it under those circumstances.

1910. My question refers to an individual who has had constitutional syphilis, and upon whom a venereal sore has broken out; would such a sore, appearing upon such a constitution, more readily take upon itself phagedenic action?—No; but I have had no experience of it under those circumstances. In the last year the chancres in my hospital were very mainly phagedenic, and when I went over to Brussels I found that they were in the same state there. They maintained that it was much more with the infecting than with the soft non-infecting sores.

1911. *Mr. Spencer Smith.* Have you anything to suggest to the Committee besides ablution and the means for ablution?—There is one thing that I think is worthy of further study—that is, that every sore, in a man who has been the victim of constitutional syphilis, should be specially examined. I believe that there are many sores thought to be chancroid which are in reality secondary. I believe that that is a class of sores which has not been at all attended to. Out of a number of chancroid sores that occurred in men who have had syphilis—I mean merely on the genitals—I think that there are a certain number of those believed to be chancroid, which are in reality secondary sores, and are the result of diathesis and mechanical causes, and not of any virus on the part of the woman. I think that the man may very likely have infected the woman, at the very time that he gets this sore himself.

1912. Have you anything to suggest with regard to providing recreation and occupation for the soldiers?—I do not think that that would influence them much; I believe that it is a stronger power that impels them—stronger than any precautions of that kind will repress.

1913. You would have no objection, I presume, to recreation and occupation being provided for the soldiers?—On the contrary, it would have my best wishes; it must tend to draw the men away from low haunts, and that is desirable as much as possible. I may add that I invariably examine the men when they go on furlough, and on returning from furlough; I examine even the men who are presumed to be healthy

before they go on furlough. With regard to examinations, I must say that I object to examinations *en masse*—I think them degrading to the men; but I think that occasional examinations—say the daily examination of prisoners in the guard-room, or of men going on furlough, as I have said before, are advisable. *Dr. Hardie.* 3 Mar. 1865.

The witness withdrew.

Tuesday, 7th March, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair*.
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

George E. Blenkins, Esq. (Surgeon-Major, Grenadier Guards), examined. *Mr. Blenkins.* 7 Mar. 1865.

1914. *Chairman.* Have you seen many cases of so-called gonorrhœal rheumatism?—I have seen a good many cases.

1915. Do you believe that the rheumatic symptoms are due to the local affection, or are part and parcel of the same malady in the system?—I believe that they are dependent on gonorrhœa as an antecedent—that is to say, that the one gives rise to the other. Gonorrhœal rheumatism has been a particular study of mine.

1916. Have you observed in those cases any peculiarity in the character of the gonorrhœa; I mean, whether it has been more or less intense than usual, or whether it has not been developed after a longer period of incubation than usual?—As to the period of incubation, I can give no opinion; but I have remarked in several cases that the antecedent gonorrhœa was particularly severe.

1917. Have you ever known an example in which the rheumatism preceded and the gonorrhœa followed?—I have not made any observation to that effect; that is, I have never seen it.

1918. Can you readily distinguish the soft non-infecting sore from the true syphilitic sore in its early stages by its physical characters?—My opinion is a very bad one to ask for in reference to that. I have made no observations on any one particular kind of sore. The fact is that I have thought it of little importance in practice. I have seen such varieties of sores, that I cannot discriminate which sore you mean when you speak of the soft non-infecting sore. In my practice in the army, now for twenty-seven years, I have seen sores so various in character that I cannot say that I can recognise them—in fact, I have given it up as hopeless. I did attempt once, after Dr. Carmichael of Dublin wrote his book, to classify the sores, but I gave it up in despair.

1919. What did you give up in despair?—I was unable to recognise and define those several sores which he described as occurring in practice—to determine what he meant.

1920. To adhere to the usual division into soft and hard, can you not, at any period you like, in the early stage of their development distinguish

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them, and say that is hard and that is soft?—I should say not, as an invariable rule.

1921. What enables you to determine the true syphilitic sore when it is there?—I do not think I can determine whether a sore would invariably be followed by secondary symptoms.

1922. Until you see the secondary symptoms?—Yes.

1923. Do you attach no importance to the induration of the glands of the groin?—Induration of the glands of the groin come after the sore as a rule in my practice. Of course that is no guide to me in determining, at that early period, whether that sore would be followed by secondary symptoms.

1924. Is there not a very distinct character in the glandular enlargement in the groin in the syphilitic sore, as distinguished from the glandular enlargement of the groin in the soft non-infecting sore? Are they not very different?—I cannot say that I can confirm that opinion from my own observation.

1925. You recognise the indurated glandular enlargement of the groin in the syphilitic sore, do you not?—As a rule I should say, if I might describe the succession of events, that we get the sore first, and the enlargement of the glands very often comes on some days after the sore. I am not now discriminating any sore; for I have some difficulty in understanding what you refer to when you speak of the certainly non-infecting and the infecting sores.

1926. Do you divide sores into sores that infect the constitution and sores that do not?—Certainly.

1927. After they have infected the constitution?—Yes. Then, of course, you can decide that; but previously I think I should have some difficulty. I have seen the most superficial trifling sores followed by secondary forms of the disease, and then I have seen a very severe and deeply-marked sore not followed by them.

1928. Then you do not recognise, as a concomitant of the syphilitic sore, an indurated base, or a thickened base, which is shortly followed by induration of the inguinal glands?—Not invariably; I have cases now under my care which are not so. Cases have occurred to me in which considerable induration of the sore existed, and the sore even healed, leaving an induration, the surface being hard, but the induration remaining, and still not followed by an enlargement of the glands of the groin or secondary eruptions. I entertain rather peculiar views on this subject. I do not recognise the induration as a certain sign that the sore will be followed by secondary forms of disease. I have so often seen sores which have been indurated, I believe, owing to a scrofulous diathesis; the induration depending upon the scrofulous disposition rather than on infection.

1929. That source of the thickening is recognised, and it has been attributed by various gentlemen who have been examined to local external causes, such as rubbing of the clothes or rough handling, and then a thickening follows?—I do not think the thickening depended upon such causes in the cases of which I am speaking. I believe they occurred generally in the prepuce, and very often near the frenum, where the cellular tissue is particularly loose, and where induration, I think, is more apt to follow than where the tissue is denser. I must mention to the Committee that I am speaking now solely from the cases which have come under my own observation.

1930. You do not ignore the sore which is accompanied, and sometimes even preceded, by an indurated base?—No; I think that those are sores which are most generally followed by secondary symptoms. I do not ignore that part of it, but I do ignore this part of it, when you speak

of it as the invariable consequence. If it were so, then it would also be a diagnostic sign.

1931. Is it not?—Not invariably.

1932. Is it the rule?—You might make it the rule in the larger number by far of the cases.

1933. Indurated sores are followed by secondary symptoms?—Yes.

1934. I started with this question, whether there was or was not a difficulty in distinguishing the one from the other, and you stated that there was a difficulty?—Yes.

1935. If you had the induration, which accompanies what we deem a syphilitic sore, you would, as a rule, expect secondary symptoms to appear?—Almost invariably.

1936. Can you not, with readiness, distinguish the thickening that arises from local or extraneous causes, from that which forms part and parcel of the disease?—I have been unable to do so in my experience.

1937. What proportion of venereal sores do you think are followed by secondary disease, say in a hundred cases?—I have made a little note, and, probably, that would answer the question better than if I speak from memory. The present number of sores under my care is 26. Nineteen of them are non-indurated, the remaining 7 are indurated sores; and I should think—if I were to look back and refresh my memory, for I have made no classification of these diseases—I should find that this is a larger proportion than we usually have of non-infecting sores. Seven of the 26 at the present time are indurated sores. I have a return of the number of cases of primary and secondary disease in two battalions of the Guards—the other is out of town, and I was unable to get a return at the moment—and of the number of cases which have been followed by secondary disease. In the 1st Battalion of the Grenadier Guards 98, and in the 3rd Battalion 207, making, together, 305 in the two battalions. Of these 305 cases of venereal disease 49 have been followed by secondary symptoms. This is a return for one year in the two battalions.

1938. Is that about the average?—I think it is rather less than the average, because one battalion was in Canada for a part of that time, where the men were particularly healthy, and the women were also, I believe, particularly healthy; at any rate not so full of infectious disease.

1939. Presuming some difficulty to exist in the diagnosis of the two diseases, would any evil arise from the adoption of negative treatment until the disease had developed itself?—That is to say the absence of any specific treatment. I may mention that I never treat either the primary or secondary form of syphilis with mercury specifically, with one exception, and that is in syphilitic iritis, there the calomel and opium treatment I cannot dispense with.

1940. Do you concur in the opinion that there is no necessity for active treatment?—Certainly I do.

1941. Have you seen secondary disease in the form of eruptions follow the common soft sore?—I think I have seen it follow every description of sore.

1942. Have you frequently seen phagedenic disease?—Yes.

1943. Do you consider phagedena syphilis?—I think it is a syphilitic sore, taking on that action; but I do not think the phagedena itself forms any part of the venereal disease. With us the phagedena comes on in the cases of men with debilitated constitutions, who have reduced themselves by debauchery, long abstinence from food, and excessive drinking.

1944. It is not the product of a specific poison?—I have had no evidence in my experience to show that it is; but it rather depends, I

Mr. Blenkins. think, upon the peculiar constitution, or anything that reduces the constitution below the proper mark.

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1945. You say that it may originate in a hard sore. Have you ever seen a hard sore run into phagedena?—It is difficult to remember over a series of years, but I cannot recall a single case. I will not say that it has not occurred.

1946. It has not been accompanied with indurated glands in the groin or neck?—No.

1947. That is a striking fact; because if phagedena were commonly based on syphilis, that symptom ought to remain, ought it not?—Yes; and I rather like to see phagedena following the sore. Sometimes, when the phagedena subsides, the sore rapidly heals without any secondary forms of disease following.

1948. Upon the whole you do not class phagedena under syphilis?—Certainly not; only incidentally.

1949. Do you treat phagedena with mercury?—Certainly not. I should avoid it.

1950. With regard to syphilis, do you consider the syphilitic disease to stand by itself, distinct from all other venereal affections?—I do not know that I fully understand your question. Syphilis and venereal disease one considers identical terms almost.

1951. Do you consider syphilis a specific disease that is distinct from other varieties of sores that do not produce secondary eruptions?—I am not prepared to deny that, but I cannot say that I can confirm it very fully.

1952. Have you ever seen examples of thickening locally on the penis before the development of the ulcer?—I have certainly remarked that.

1953. Did you ever form any opinion as to how it is obtained by sexual intercourse. Is it obtained by lesion, or is it imbibed through the mucous membrane, or by absorption, or how does it get in?—That is a difficult question to answer. I have very few facts to bear upon it. I am almost inclined to think that it is from a slight abrasion at first, or imbibed by the orifices of some of those glandulæ odoriferæ surrounding the prepuce, which I think are a fertile source—or rather, situation—for that disease.

1954. In the case of secondary disease, speaking of nothing but syphilis, in the absence of a primary sore, do you infer ulcer in the urethra out of sight?—It is generally considered so; but I have not always found it to be the case.

1955. Is it common to have local evidence of a sore in the urethra, detectable by pressure or manipulation?—No.

1956. Can you call to mind having passed your finger along and felt a thickened sore in the urethra?—I cannot say that I have ever done so.

1957. Have you ever tried treatment by excision, or destroying the sore,—the abortive treatment?—I have seen it very often tried by the soldiers themselves; it is a common plan with them, they think that they can force out the sore and destroy its surface, so that it will rapidly heal afterwards. I have seen it when it has been performed under those circumstances, and on one occasion I attempted it myself; but I did not find that I was warranted in pursuing that treatment, and I have never repeated it.

1958. The induration that follows intercourse with a woman who is supposed to have syphilis, is itself, at the expiration of many days, the product of the constitutional disease that has been there all the time, is it not?—Yes.

1959. Therefore one naturally asks what benefit can arise from any

attempt to eradicate that disease which has already been in the system 8 or 10 or 12 or 14 days?—I fancy that these soldiers do it with that motive; and I fancy that it has done much good; but I never, under such circumstances, can tell what that sore was originally. It might have been very slight, and not anything that was likely to affect the constitution afterwards.

1960. I think you stated that you did not treat either the primary or secondary manifestations of the disease with mercury?—For the last 26 years I have not done so. For the first year of my experience in the Guards I adopted the same practice that I found everyone pursuing to a large extent; but I saw so many bad forms of the so-called tertiary syphilis, where the bones became carious, that I was inclined to follow the treatment that I heard had been pursued in the army before Sir James McGregor's cases were made known. Ever since that period, 26 years ago, I have adopted that plan rigidly, and have never swerved from it, although it has been attempted to laugh me out of it, and I have been almost told that I was doing what was incorrect. But I have invariably pursued one system of treatment, and I am perfectly satisfied that in the long run I have been the gainer, and the patient too.

1961. Do you value mercury highly as an anti-syphilitic agent?—I never use it.

1962. How do you treat primary sores?—Generally as a rule with the simplest applications, and very often, in the first instance, if I see no particular irritability about the sore and no undue amount of inflammation, I trust merely to cleanliness and cold water applied with lint, and that frequently changed. I rely on that simple remedy with a good many sores. In others that are indolent I apply some slightly stimulating lotion, such as the ordinary sulphate, or acetate of zinc, or the acetate of lead, which I am in the habit of applying to sores when there is a profuse discharge. Then again nitrate of silver in the more indolent cases, or where there is any sign of irritability, as in the case of a sore with reddened points and angry-looking granulations; I use of nitrate of silver two grains, sometimes four to an ounce of water, that is generally the lotion. In my own practice I very seldom apply nitrate of silver, except in a sluggishly-healing sore.

1963. How do you treat the secondary disease?—I make no difference.

1964. You have surgical treatment in the one case, and medical treatment in the other?—I make no difference between the sore which I think may be followed by secondary symptoms, and one which I am pretty certain will not be followed by secondary symptoms.

1965. The question is, how you treat the secondary eruption when it does appear?—I never administer mercury. The usual mode of treatment that I adopt is by iodide of potassium, given either with a decoction of sarsaparilla, or—a favourite remedy of mine, and which is a very economical one, an infusion of quassia—an ounce and a-half of that, commencing with two grains of iodide of potassium, and going to four—I never exceed that, although I know that it is given in the hospitals as high as six grains, and beyond that sometimes.

1966. You resort to that mode of treatment, chiefly with sarsaparilla, or quassia, with from two to four grains of iodide of potassium, and you find that suffice to hold in check, and ultimately cure, the syphilitic disease following local syphilis?—Yes; that is the usual result which follows.

1967. Your treatment, I presume, you deem to be as successful as that of other persons, or you would not adhere to it?—I think that it is less likely to be followed by the more severe forms of secondary and

Mr. Blenkins. tertiary disease than if I were to administer mercury for the original sore.

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1968. I think it is clear that the primary sore treated by mercury is as likely to be followed by secondary disease as the primary sore not treated by mercury?—That is very satisfactory to me. When I commenced this mode of treatment, I believe I and a former Surgeon-Major were the only medical officers in the brigade of Guards who treated cases in that way.

1969. Do you stand alone now?—No, there are converts. I was only asking this morning whether mercury was being administered in any case in hospital—and at the present time there may be forty or fifty cases—and I was informed that not a single grain of mercury is now being administered, either for the primary or the secondary disease.

1970. How many medical colleagues have you?—Now, I have altogether seven, or rather I make the seventh; there are six besides me. What I meant to say was that at the present moment I believe that some give mercury to a moderate extent. I do not say that they all go to the extent that I go, never to administer it under any form.

1971. Are you perfectly satisfied with their treatment?—Perfectly so.

1972. You must have seen sores and secondary eruptions of all characters of mildness and intensity?—I have not seen them so intense since this treatment has been followed. It was a common occurrence with us to have carious bones in the head—some one of the cranial bones more or less affected; we were never, when I first commenced practising in the hospital, without one or two of those cases; but I have not seen one now for years.

1973. What, in your opinion, would be the result of leaving a case of syphilis untreated; would the poison be eliminated from the system?—It is my belief that it would be eventually. I believe that a good deal of what we term secondary disease is a combination of syphilis with scrofula, and that really it is not solely syphilis; it is syphilis pushing into activity the scrofulous disposition, and that is why I think iodide of potassium is so successful in the secondary forms of the disease, because it acts upon the scrofulous disposition.

1974. You think that you accomplish with two or three grains all that is attained by others with a larger dose?—In my own practice I do not think I have ever varied or given more than four grains to a dose, that is, three or four times a-day. The rule is to commence with two grains; but I know that there are others in the brigade who give larger doses, who do not consider the smaller doses sufficient.

1975. With regard to the question of ablution, you would, I presume, advocate its more frequent adoption?—Certainly; for I believe that it is one of the principal sanitary means for preventing the disease in the first instance, and diminishing it afterwards.

1976. Will you state to the Committee in what its benefit consists?—Merely in cleanliness.

1977. Do you mean to say that a man who is essentially clean in his person would be less likely to take the disease from contact by sexual intercourse?—Certainly; that is my belief.

1978. Do you apply that also to this extent that if a soldier, returning from a debauch, resorts to ablution, he can evade or elude the poison that he might otherwise have absorbed?—I cannot prove that; but I believe that a very large proportion of the cases would be prevented if ablution were performed immediately after intercourse.

1979. And yet in another class of life, where ablution may be supposed to be more common, venereal disease prevails?—Yes, but not to the same amount; and in that class of life persons are rather neglectful of

personal cleanliness, particularly in those parts. A number of instances have been brought to my notice of that kind, and you must not always suppose that the best dressed man is the most attentive in his ablution of that part.

1980. *Dr. Wilks.* What diseases do you consider are produced by impure sexual intercourse?—Gonorrhœa is one of them, and the numerous forms of sores and excoriations.

1981. As you stated before, you would not divide them into local sores and constitutional?—I have never paid any attention to that. I have seen such varieties, and found such difficulty in attempting to classify them.

1982. I understand that, apart from gonorrhœa, you have observed that sores exist from impure sexual intercourse, and that they may or may not be followed by secondary symptoms?—Yes.

1983. And you have great difficulty in distinguishing them?—Yes, great difficulty in the first instance. When a sore actually becomes indurated, then I think I can almost say with certainty whether it will be followed by secondary symptoms; but in the earlier conditions of it I cannot. I may mention that in the army we get them in the very early condition, for we have weekly inspections (which are made by the Assistant-Surgeon) of the men, and very often we get them in a very early condition.

1984. Have you ever seen what is called constitutional syphills, or what you may call secondary syphilis, arise from sores in any other part of the body but the genital organs?—Yes; once or twice: I think I have remarked cases in which sores have occurred, and where they have been so followed; but I have had a difficulty in determining whether the symptoms were not dependent upon some sore which preceded the one I was then considering.

1985. Have you seen secondary symptoms without any sore on the genital organs?—Most certainly.

1986. Do you know whether, in those cases, there was a history of a discharge from the urethra that passed under the name of gonorrhœa?—Such cases have been so few, and at such distant intervals, that I have made no observations to that effect.

1987. Have you any information as to whether the period of incubation does not exceed three days, or seven, or eight, or nine days?—Do you mean before the sore actually appears?

1988. Yes.—I have had so little exact information on that point, that I could not answer the question satisfactorily to the Committee.

1989. The difficulty you have found in distinguishing the one from the other, I presume, has been the reason why you have not adopted the abortive plan of treatment, or attempted any eradication of the disease by local treatment?—Yes.

1990. When the sore is indurated, you expect, as a rule, that secondary symptoms will follow?—Yes; that is what I generally find, although in the first instance the sore may not be indurated.

1991. What is the object of your treatment with the iodide of potassium and quassia?—I think that quassia is a very good, and at the same time economical remedy. We use it a great deal in the army. It is a good bitter and a good tonic; it covers, perhaps, the taste of the iodide. I do not consider that there is any particular virtue in it, or in the sarsaparilla. It is merely a convenient menstruum for conveying the medicine into the stomach of the patient.

1992. Has iodide of potassium any specific or antagonistic effect?—Yes; on a scrofulous constitution. I look upon a large proportion of these cases as being a combination of infection and a scrofulous diathesis, and arising out of it.

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1993. You know of no anti-venereal treatment strictly so called: the disease wears itself out?—That is my belief.

1994. Then the object of a soldier presenting himself early for examination would be merely that the local treatment might be better superintended?—The soldiers are punished if they do not present themselves. I believe they would not do so, of their own accord, in the early stages.

1995. Is there any great advantage in that?—Most certainly. A new rule has lately been laid down to this effect, that when a soldier does not report himself for venereal disease, he is confined to his barrack for 28 days, unless when employed on duty.

1996. I wished to ascertain what the great object was in seeing a soldier at an early period?—I look upon many of the sores that we see in the army as sores which have been neglected sores, and which would have been very much milder in their character, and would have been much more quickly treated, and much more quickly cured, if we had had to deal with them in their early condition. We find that, as a rule, when we get the sores to treat early; but it is not always a certainty, for I have seen some sores which, in their early stages, were the simplest and most insignificant-looking, followed by very bad symptoms.

1997. How long have you adopted this anti-mercurial treatment?—I shall have been in the regiment for 27 years next month, and I think it was about a year after I entered that I began that mode of treatment.

1998. How long had you pursued the other plan?—For about a year in the army, to the best of my recollection.

1999. Have you arrived at your conclusions by a comparison with other cases which have been treated on the other plan?—Yes; I have seen cases in which mercury has been exhibited to the extent of affecting the mouth seriously, and making no impression on the sore whatever; on the contrary, in some instances, I have seen it do harm.

2000. You stated that you had never seen caries in the bones arise in cases where mercury had not been given? What I meant to say was that it is now very rare, compared with what it was when I first entered the army.

2001. In your own cases have you seen any followed by periostitis?—Yes; occasionally, but not often.

2002. Caries?—No: I have scarcely seen that; merely nodes.

2003. Have you seen what we call inflammation of the bone?—I believe that in many cases, in the early condition, the node is an inflammation of the periosteum, throwing out the bone on the surface. We meet with that occasionally, but not often. It is very rare, compared with eruptions, or the secondary forms, rheumatism, and so on. As to caries I have not seen a case for years.

2004. *Dr. Babington.*—What is the duration of your treatment on the average?—It varies, I should say, from a range of four or five days to four months. I think I have known some few cases that have been as long as four months, in very obstinate sores, not from their size so much as from their extreme indolence, not making any change either way; but in my experience some of the larger sores are the first to heal.

2005. Would that include secondary cases?—No; I am speaking now of primary cases.

2006. For the secondary disease how long will the men remain in hospital on the average?—The time varies. A good deal depends upon the severity of the case; but I should say that from about one to four months would perhaps be expressing the range.

2007. In cases of gonorrhœa, how long would they usually be under treatment?—The time varies very considerably.

2008. What treatment do you adopt in gonorrhœa?—My treatment

does not differ, I think, from the ordinary treatment. I have no peculiar views about gonorrhœa. I look upon it as merely the result of a specific inflammatory state of the membrane; and in the first instance my aim is to diminish the inflammatory action, and then afterwards to depend upon a specific remedy, cubebs or copaiba.

2009. Do you apply any local remedies, such as injections?—No; very rarely. I may say that, as a rule, we hardly ever use injections.

2010. Do you think that gonorrhœa in a woman can produce a sore, or do you distinguish gonorrhœa entirely from venereal disease?—I have never been able to make out that; I have tried to do it, but I have never been satisfied.

2011. Do you ever observe any secondary symptoms in gonorrhœa, such as gonorrhœal sore throat or rheumatism?—Rheumatism is not an infrequent result of gonorrhœa, but no other that I can recollect; certainly not sore throat.

2012. Have you observed any skin eruptions?—No; excepting from the treatment itself. Copaiba will sometimes produce it.

2013. Do you believe that secondary disease is communicable to another?—I have no evidence at all to adduce before you upon that point. My belief is that it is not. I have never known a case in my own practice.

2014. Have you found in your practice that syphilis has occurred more than once. I mean constitutional syphilis?—It does; the eruptive form especially.

2015. A fresh attack, not a relapse. A man having been perfectly cured for a year or more, will again have syphilis?—Do you mean in the same situation?

2016. In any situation. I am asking for your opinion, whether a man is exempt from a second attack of syphilis, if he has already had one and got cured?—I believe so.

2017. Have you not noticed cases of that kind?—I have.

2018. *Dr. Balfour.* Have you practised inoculation at all in syphilis with a view to diagnosis?—On one occasion I did, in order to see whether a sore would produce identically the same, and whether I could eventually propagate the disease.

2019. With what result?—It was followed by a sore of a similar character to the one that I took the virus from.

2020. Are weekly inspections for venereal disease made in the Guards?—Yes; most strictly.

2021. In the same manner as formerly?—Yes; they are directed in our standing regimental orders; and in the new volume issued this year you will see the standing regulation that inspections shall be made once a-week; "health inspections," they are called.

2022. *Mr. Quain.* In gonorrhœa you stated that you had been interested by affections of the joints and other symptoms which occur in gonorrhœa?—Yes.

2023. What joints have you found affected?—I think I have witnessed it in most of the joints, with the exception of the hip joint.

2024. Have you never seen it in the hip joint?—I cannot say that I have.

2025. Have you ever seen the bursæ affected or involved?—I have not seen it to my recollection; but I will not be positive, for I am speaking now from recollection. I have no cases to illustrate what I am now saying; but to the best of my belief I have never seen it in the hip joint.

2026. Have you seen affections of the eye in gonorrhœa?—Yes; gonorrhœal ophthalmia.

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2027. In addition to that the iris or the inner membrane of the cornea?—I cannot say that I have ever seen it.

2028. Have you ever seen attacks of gonorrhœal rheumatism return in the same person?—I think it is very likely to recur after it has been cured, or so nearly cured that we might consider the person convalescent.

2029. Do you mean attacks year after year?—Yes; extending over one or two years in my experience.

2030. Have you seen any of the joints deformed in consequence of that?—No; I cannot say that I have ever seen permanent deformity; stiffness and contraction I have known continue for some time after, but the normal state was eventually restored.

2031. I think you stated that you had a very large proportion of non-indurated sores compared with the indurated sores?—I have given you the results in two battalions. My belief is that our present proportion is larger than the average.

2032. Do you expect some of those cases which are non-indurated to be followed by constitutional symptoms?—I certainly believe that.

2033. What is your observation as to the health of the men after treatment for constitutional syphilis. Are they in tolerably good health and able to return to their duty?—The disease recurs in some instances.

2034. They have relapses?—Yes; but in the course of a year or a year and a-half; I think that is about the extreme limit of our worst cases; the men recover from it, if in the meantime phthisis is not induced; for I might mention here casually that a very large proportion of our cases of phthisis I consider to be the direct consequence of venereal disease; that is to say, the phthisical tendency has been brought about by the activity of the irritating poison of the venereal disease.

2035. Are the men in the Guards above a certain stature?—The standard of the Guards is higher than in the Line, but it is not so high now as it was formerly.

2036. Is the recruiting confined to any particular district in England?—No; it is spread over nearly the whole of England.

2037. What lapse of time do you think would be sufficient to ensure immunity from a relapse of the disease after a person had been free from any appearance of it?—I can speak only from memory, and I would rather say this, that I think in the course of a year and a-half, or two years, in the worst forms of the disease they would be free.

2038. Have you observed the children of persons who have had syphilis?—I have.

2039. Have you met with any instance of children being affected with the same disease?—I can recollect no instance of children being so affected.

2040. Have you treated any of the higher classes for constitutional disease without mercury?—In many instances.

2041. Have you confined those persons, as soldiers are confined, to their rooms, or have you allowed them to go about?—They are more generally treated in their rooms or in their lodgings. I have when on service treated them in their barrack-rooms, and, under those circumstances, they would be pretty nearly in the same condition as the soldiers.

2042. Do they go out to take exercise on horseback or otherwise?—No, not under those circumstances; they would be under the eye of the medical officer, and he would take care to prevent it, it would be represented to the commanding officer if they did so. In London they live at their own homes and they are treated there.

2043. As far as you can you confine them to their residences?—Certainly.

2044. Have you seen cases treated not only without mercury, but

without the iodide of potassium?—I always administer the iodide when I fancy that these symptoms will come on, or in a constitution which has been much injured by either the action of a sore, or by the effect of the sore, or for any latent vice in the constitution. I invariably, under such circumstances, administer the iodide, and, therefore, I can hardly say whether it would follow in cases where the iodide was not administered. I invariably give it early in order to save time.

2045. Have you known cases not treated with it?—No.

2046. Have you had any experience of the effects of examining the women and putting them into hospital in diminishing the disease?—None whatever.

2047. Have you any suggestions to offer as to preventive measures which it would be useful to add to those already adopted?—Practically in London there are no measures adopted at all.

2048. Besides the examination of the men?—Yes; there is no examination of women in London. There is at Aldershot, where I have had no experience.

2049. Have you any suggestions to offer with regard to police control of prostitutes?—From what I see in taking care of the men under such circumstances, I think it would be highly desirable; and more than that, I think it is the bounden duty of the Government to take some steps to prevent this disease, which I believe kills half of the soldiers in the army, either directly or indirectly, because it induces other diseases.

2050. Have you any suggestions to make with regard to recreations or occupations for the men, so as to provide employment for their leisure hours?—The intention of the present system is to combine that with their other duties; and in the barracks many amusements have been instituted, such as gymnastics, bowls, skittle-alleys, and amusements of that kind; libraries better furnished, and more adapted to the soldiers' reading. The tendency of the present system is very much in that direction.

2051. Do you approve of that system?—Most decidedly.

2052. You would wish to see it carried on and improved, if possible?—Yes; but I do not believe it would prevent the venereal disease.

2053. Have you made any post mortem examinations in cases of phthisis?—Post-mortem examinations are made in every case of death.

2054. Had the lungs any peculiar appearance?—I cannot say. My principal knowledge now, although it was not so formerly, of post mortem examinations, is confined to the soldiers, and therefore I have no means of comparison.

2055. Do you know whether any unusual hard deposit was found?—Do you speak of phthisis induced by the syphilitic action in the system, and phthisis produced under ordinary circumstances?

2056. Yes.—I have made no observations to show any difference.

2057. I suppose the soldiers seldom die in the service, as you probably discharge them?—We sometimes have no opportunity—they die so rapidly. I have known a case of death from phthisis, traceable to syphilis, in three months—we only discharge once in three months.

2058. Have you any further suggestions to offer with reference to the objects of this Committee?—In prophylactic treatment I do not know that I have any novelties to offer. I believe that my views are pretty much the views of every one who wishes to prevent the disease, and I think the means of doing so would be by ensuring great cleanliness on the part of the females with whom the men temporarily cohabit, and by obliging them to go into some institution for treatment the moment it is discovered that they are diseased. I should say that that would prevent nine-tenths of the amount of venereal disease in the army, and nearly

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the whole, I might say, of the phthisis in the army, for I think the venereal disease is one of the most fertile causes for developing the latent disposition to that disease in the system.

2059. Do you think that any good would result from teaching the men something of the nature of their disease, so that they might look to themselves after connection?—Yes; I think that great good would arise from that. I know that when I was an Assistant-Surgeon (it does not form so much of my duty now), I considered it almost the principal part of my duty, certainly the most efficient part, when I explained to the men after my inspections that they ought to keep themselves clean, and that they would thus avoid these diseases and punishments which necessarily followed: that they would keep themselves in better health by paying greater attention to cleanliness, and if diseased, obtaining medical assistance early. I consider that that certainly was almost one half of my duty as Assistant-Surgeon, and treatment perhaps was the other half. The prophylactic treatment, I should say, was attended with the most beneficial results.

2060. *Mr. Spencer Smith.* Is there more or less syphilis now in the army than when you first joined?—I think there is more now; but that is explained by our having a vast number of young soldiers in the ranks. It is ten years since the Crimean war this year, and the number of deaths there from disease and from wounds, but principally from disease, occasioned such blanks that we were obliged to recruit very largely, and in two or three years we had new battalions. Then the Ten Years Enlistment Act since that time came into operation, and now those men have left us, or a proportion of them. I might say seven or eight-tenths, and we have supplied their places with younger soldiers. At the present moment, I should think, one-half of the 3rd battalion consists of men of between one and three years' service. The average of the whole battalion is seven and a-half years' service.

2061. May I infer, from what you have stated as to inspections, that you consider weekly inspections absolutely necessary to the health of your soldiers?—I do. Recently I was asked that question by the Commanding Officer. There was a wish on the part of the Assistant Surgeons that the practice should be discontinued. I believe it has been discontinued pretty generally, although not entirely in the Line; and they thought that the same rule ought to apply to us.

2062. How do you carry out the inspection?—There are different ways of doing it; but the way in which I think it is generally done is, that the men come into a large room, in companies, they pass the examining surgeon in single file, and as each man comes opposite him, he raises his shirt for the moment for the surgeon to make his examination. If he sees that there is no venereal, he passes him; if he fancies that the man has been concealing it, he examines him more minutely.

2063. It is not done in such a coarse manner as to disgust the men?—Not in the least; and I never found a soldier object to it. There are differences of opinion, no doubt.

2064. Do you believe that inspections can be conducted in a decent and proper manner?—Most certainly; and it was always done so.

2065. You have never found a soldier object to the examination?—I never remember a single instance of a soldier objecting to be examined. They certainly have never made any application not to be examined.

2066. Do you examine the married men?—No; we do not. If we know that a married man has been in hospital once or twice for venereal disease, he is ordered to attend the inspections: but, as a rule, the married men and the sergeants, are exempted.

The witness withdrew.

Friday, 10*th March*, 1865.

Present:

Mr. Skey, F.R.S., *in the chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

Thomas Fraser, Esq., M.D. (Surgeon, 10th Hussars), examined.

2067. *Chairman.* In your experience have you seen many cases of what is termed gonorrhœal rheumatism?—No, I cannot say that I have been fairly sure it was from gonorrhœa.

2068. You never saw a man laid up with rheumatism who had gonorrhœa?—To the best of my recollection I have not, directly traceable to gonorrhœa.

2069. Do you divide sores into infecting and non-infecting?—I regard them so.

2070. Can you readily distinguish them in their early stages?—No, not readily.

2071. Not by their physical characters?—Not in the early stages. After a time, I think, they are distinguishable.

2072. If a man told you—he having a sore without thickening—that he had had intercourse ten days previously for the last time, should you draw any inference from that as to its nature?—If it had appeared for the first time then, and I could have made sure of his having looked for it before, I should draw the conclusion from it that it was an infecting sore, most likely.

2073. Presuming some difficulty to exist in the diagnosis of those two conditions, would any evil arise in your opinion from the application of mere negative treatment until the nature of the disease developed itself?—I think not, and such is our practice.

2074. What do you understand by negative treatment?—The absence of any specific treatment.

2075. Have you seen secondary disease in the form of eruptions, &c., follow the common soft sore?—Rarely. I think I have seen it recently, without any induration during its progress, or after its cicatrisation.

2076. Are you prepared to say, in reference to that sore, that the period of incubation is short or long?—I could not say—I do not know—but I am quite clear of this, that in occasional cases I have seen sores that have healed rapidly, with no induration in their progress, and without any induration subsequently after cicatrisation, followed by enlargement of the glands in the groin and secondary symptoms, but I regard them as exceptional cases.

2077. What was the character of the enlargement of the glands?—Chronic enlargement, without suppuration—indurated.

2078. So called indurated?—Yes. I have a case in my eye at the present time in which I am sure of it.

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2079. What was the locality of the sore?—Inside the prepuce, close to the sulcus behind the corona.

2080. Have you seen phagedenic sores frequently?—Not frequently.

2081. Do you consider phagedena syphilis?—No, I do not. I consider that phagedenic action is accidental, and dependent upon either internal or external circumstances, that is to say, dependent upon the state of a man's constitution, or the circumstances to which he is exposed.

2082. I infer from your answer that you do not consider it the product of a specific poison; but that it depends upon the constitutional peculiarity in the individual?—Precisely. Constitutional or external local circumstances, such, for instance, as the effect of climate, or exposure to fatigue, and sources of irritation.

2083. You mean either the hereditary constitution, or a constitutional condition promoted or induced by local or accidental causes?—Yes, as you see in hospitals, hospital gangrene appearing in and spreading throughout the whole hospital.

2084. What eruption followed the phagedenic local disease?—I have never seen any eruption follow but in one case, to the best of my recollection, but I have not seen many.

2085. Do you or do you not treat it with mercury?—No, certainly not.

2086. If you had a case under your charge which was marked by numerous local affections in the form of pustular disease, running on into rupia, would you treat such a case with mercury?—No. If you mean a suppurating condition of the surface of the body, I would avoid it as far as possible; but at the same time I may mention that, having by other means removed that condition, I believe that mercurial treatment might become necessary in such a case as that eventually before recovery.

2087. With regard to syphilis, do you consider syphilis a disease distinct from other varieties of venereal affections, and standing by itself?—Unquestionably.

2088. Could you distinguish the eruption in a case of well marked syphilis from those cases of eruption which followed the soft sore to which you have alluded?—No, I could not.

2089. Then I infer, from your evidence, that you consider it possible and not very infrequent that syphilis may have no induration?—No; I consider it possible that you may have constitutional manifestations such as we attribute to syphilis without primary induration, but I regard them as exceptional cases only.

2090. Then those primary sores you deem to be syphilitic, although there is no induration, and the exception is when there is an absence of induration?—Yes. I may add that in these cases I think glandular enlargement will be invariable, without exception.

2091. According to that you would attach more importance to the development of glandular enlargement than to the induration of the sore?—The induration of the sore is not easily distinguishable very often—I mean the specific induration—but there can be no mistake about the glandular induration if persistent.

2092. Have you observed whether that glandular induration comes on later in the soft sore than in the ordinary forms of disease?—No, I think it comes early in the soft sore.

2093. Have you ever seen examples of induration preceding ulceration in the syphilitic local disease?—Yes, I have; but I have frequently seen what I have conceived to be the original lesion in such cases, that is, a mere scratch, which healed quite readily, without any induration, and the man appearing afterwards, not complaining of the primary sore, but of enlarged glands, and then on inspection, the situation of what was

formerly a mere scratch, which had healed readily, would be found indurated; and I have been led to the conclusion that such would always be the history of such a case if one had seen it from the first. *Dr. Fraser.* 10 Mar. 1865.

2094. You are quite clear about that?—I think so. I have seen it so often; a man comes to-day, say, with a mere fissure in the mucous membrane, and with scarcely any discharge, which heals quite readily under a course of simple treatment,—probably by water dressing,—and being discharged in four or five days from the hospital, again re-appears in a fortnight or three weeks, complaining, not of the original sore, but of indurated inguinal glands, and on further examination I found that in the site of what had been this crack or fissure there was an induration, and this induration, during the time that the man was under observation, very frequently became ulcerated.

2095. The only difficulty which occurs to me arises from this circumstance, how is it that your men apply to you with so early an ailment as that original lesion?—They do not commonly do so, but it has often happened that they have done so. In a cavalry regiment a man is exposed to many sources of irritation; if he has painful sores about his genital organs, he is exposed to irritation in riding, and as he has to continue at his duty down to the last moment, until he reports himself sick, if the part is painful he is very likely to shew it at a very early period, but it is not always so. I mention these as cases which have come under my own observation occasionally, but not continually.

2096. Have you seen many of these cases?—Yes, I think I may say that I have seen many.

2097. Six or eight, or ten or twelve?—Yes, fully that, but it has been in the course of years, not in quick succession.

2098. How is this disease obtained during sexual intercourse, is it by lesion, or by imbibition, or absorption, or how does the syphilitic matter permeate the membrane?—I cannot say.

2099. You have at all events had this evidence of it, when you have had an opportunity of seeing that there was a lesion?—Yes, but in the great majority of cases you see a sore in a state of ulceration when you see it for the first time.

2100. In a case of secondary disease, in the absence of a primary sore, do you infer ulcer in the urethra?—Not necessarily. I believe that in such a case as I have just been describing, where a man overlooks the original lesion, and the part has healed, and he has taken no further notice of it, but has gone to his duty, and continued at it, and had no treatment, then secondary symptoms appeared, I believe that that man might say that he had never had any primary lesion, never having observed it; and in those cases which heal without any induration, the exceptional cases, there is a difficulty in detecting the original seat of the sore or lesion.

2101. It is difficult to detect that?—Yes, I think so after a time.

2102. You do not require the absolute presence of the sore, because, if you do, as it is not palpable to your observation, it must be somewhere out of sight?—I cannot understand the secondary symptoms occurring, excepting through primary lesion. What I meant to say was this, that it would not necessarily follow that because the cicatrix of a sore on the external parts was not visible, therefore it must be in the urethra.

2103. Where could it have been?—It might have healed up, leaving no cicatrix.

2104. What would be the state of the glands in such a case as that?—Indurated, certainly.

2105. Have you ever attempted cauterisation or excision?—I have never practised excision. I have practised cauterisation to a small extent,

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but the sores were at such a very early stage that it was impossible to say whether they were infecting sores or not, and therefore, if constitutional symptoms did not follow, it would be impossible to say whether the cauterisation prevented their occurrence or not, but I have in some cases, after having destroyed a sore as I thought at a very early period, the sore healing kindly, and leaving no induration, seen that sore come back again with induration on the seat of the cauterisation, and followed by secondary symptoms.

2106. If lesion takes place at the moment of intercourse, and a period of incubation, say from six to twelve days, follows, and then a sore becomes developed, with induration, is not the constitution involved all that time?—Most decidedly I should say so. Then I have not attempted to destroy sores in which induration had already taken place; I have only attempted to destroy sores which were small, and which could be destroyed without occasioning great injury to the soft parts.

2107. Have you never tried cauterisation or excision of the primary lesion?—No, not after induration had taken place.

2108. Have you never tried for these primary lesions cauterisation or the abortive treatment?—No.

2109. How do you treat the true primary syphilitic sore based on induration or thickening?—Generally speaking, I treat both sores alike, locally only, or, I should rather say, without any specific treatment.

2110. Throughout their whole course?—Yes, unless the sores are very obstinate, and become manifestly of the infecting type.

2111. Have you seen many examples of the development of secondary disease while the patient has been under mercurial treatment for a primary sore?—I have seen it, but not many examples of it, my treatment generally is different, negative. I do not usually adopt the mercurial treatment, if I adopt it at all in the primary disease, until after the secondary symptoms have set in.

2112. How do you treat the secondary disease—the eruption?—In the first instance, on its appearance,—during the development of the disease,—which is preceded by general febrile symptoms, and accompanied by more or less disturbance of the constitution, I treat it in the ordinary way in which you treat a feeble condition of the system, and when the system has got into a quiescent state with baths, aperients, salines, &c., then I begin the mercurial treatment.

2113. In what form?—The iodide of mercury usually, given in small doses, but not before I can see that the system is in a suitable state to receive it. If there is any inflammation or suppuration, whether on the surface or in the groin, I do not commence mercury then, or under many other circumstances, such as an anæmic condition of the body.

2114. To what extent do you carry that treatment?—Just to the merest affection of the gums, to show that it has produced its physiological action. Then I stop it altogether, but keep up its action as gently as possible, perhaps giving it, first of all, if a man had been taking it morning and evening, once a day, and then omitting it altogether.

2115. In what dose?—One grain night and morning of the iodide of mercury.

2116. Is that the ordinary dose?—Yes; that is what I usually give.

2117. Then you would give it only every night?—Yes; and then gradually intermit it, and then give it, perhaps, every other day, and then, perhaps, intermit it, to resume it again after a little time, thus keeping up a gentle action continuously.

2118. You observe the little red line that runs round the teeth, and consider that that suffices?—Yes; but I conceive that it is necessary to keep up that condition for some time.

2119. Do you couple with it tonics or protective agents against any depressing influence?—That depends upon a man's condition. If a man is in a weakly condition of body, I often combine with it a decoction of cinchona or other tonics, giving also generous diet, and wine or porter.

2120. Do you value mercury very highly as an antisyphilitic agent, or do you employ it as a *pis aller*, because we have not anything better, or do you think it is as great a remedy as we have for some diseases?—I conceive that it is the only remedy that we can depend upon. I do not say for the cure of syphilis, but to cause the disappearance of the symptoms most readily and most permanently.

2121. It does not exercise that dominant power over this disease that some remedies have over other diseases, such as quinine in ague, and sulphur in scabies?—No.

2122. Would you rely upon it as a specific?—No; I should not call it a specific agent.

2123. But it produces some change in the constitution?—Yes; during which the symptoms of the constitutional disease disappear more readily, and, as I believe, more permanently than with any other means that I have seen tried.

2124. Its depressing agency on the system is opposed by the anæmic condition of the individual?—Yes; and I should endeavour to remove the anæmic condition before I gave it at all.

2125. What would be the result of leaving a case of syphilis, supposing you got a man into tolerably good health, who had had the disease, to nature entirely as to the poison?—In some instances I believe that the disease would gradually wear itself out; but I should think the instances would be very rare comparatively if it were entirely left to itself.

2126. Supposing a better system of ablution were adopted in the army and navy, or in the community at large, would it, in your opinion, exercise any very protective influence against the spread of syphilis. I mean, supposing it were the habit of every class to practise ablution every morning and every night, or supposing that after sexual intercourse it was the rule with the soldier always to use soap and water, do you think that that would tend much to control the disease?—I think it would tend very much to do so, but I do not think that if once the venereal disease was introduced into the system, washing would clear it away. I think it is very desirable that a soldier should have greater and more ready means for personal ablution than he has, and I should say further for private ablution, because at present all his ablutions, according to my experience, have to be performed more or less in public. Frequently a man does not know that he has upon him a primary sore, which I believe to arise partly from the circumstance that he has not the means of privately inspecting himself.

2127. Supposing a man had intercourse with a woman of the town, and he went home to his barrack, and there subjected himself to a process of cleansing, would that, as far as you have any means of knowing, protect him positively against the occurrence of syphilis?—No; I do not think it would decidedly protect him, but it would put him in a better position.

2128. *Dr. Babington.* You stated, I think, that you had seen secondary symptoms follow soft sores?—Yes, I have.

2129. Is that a proof or not to your mind that it is of the same syphilitic nature as the hard sore, if it ever produces secondary symptoms?—No; I do not consider it so.

2130. The wound produces the same effects?—Yes; but still I can conceive the virus getting into the system without actually producing induration at the very spot at which it has entered the system.

Dr. Fraser. Looking upon the particular lesion of that spot, I conceive that it does not necessarily follow that it must be the same poison that produces the
10 Mar. 1865. more common soft sore, on account of the absence of induration. We have a primary indurated sore, usually followed by an indurated bubo, but not always; therefore, I conceive that the absence of the sign in the one case may be the same as in the other.

2131. If it produces secondary symptoms, is not that a proof that you may distinguish the soft sores which do infect, and the soft sores which do not infect?—It would be very desirable to look at it in that way, but I do not see how it is possible.

2132. Do you recognise any difference between the swelling of the glands of the groin which occurs after a soft sore, and that which occurs after the hard sore?—In a case of soft sore, accompanied by glandular enlargement, in the great majority of cases, I observe that it is only one gland, and that gland is very likely to suppurate—it is an acute inflammation. In the other case the glands do not enlarge so much, and they are very frequently multiple, though not always multiple.

2133. May not the suppuration of the gland be the reason why it does not infect the constitution, in other words, may not the poison run out of the suppurating surface?—I have thought of that, but I cannot conceive it to be so.

2134. It is an acknowledged fact, that the soft sore does not produce syphilis anything like so frequently as the other. May not the reason, if it be true, why it does not infect the constitution, be that it leads generally to suppurating bubo?—No; I think not, and for this reason, that it is not always followed by a suppurating bubo. Out of 603 cases of primary admissions of which I have traced the history, suppuration occurred in or around the inguinal glands in 123; and of those 123, 25, or 1 in 5, or 20 per cent., had constitutional disease. In 97 cases of inguinal suppuration, in which no specific remedy was exhibited in the treatment of the primary disease, constitutional disease was manifested in 16 cases, or 1 in 6, or 16·5 per cent. Of 141 cases of constitutional disease, suppuration in or around the inguinal glands occurred in 25, that is, 1 in 5·6, or 17·77 per cent. (These figures will be better understood by a reference to the answer to Q. 2152, *S.S. Sec.*) The bubo does not necessarily suppurate, and yet there are no constitutional symptoms.

2135. You have stated that in your belief it is an abrasion or some lesion of the surface on which the infection first arises; is that so?—I did not express the opinion that it was always so. I merely said that I had seen cases in which the original lesion, as it appeared to me, was a mere scratch or abrasion.

2136. Did you ever find on a person, having had intercourse, several sores of the same character breaking out at the same time, of the same class, I mean soft?—Frequently; I have seen that in several cases.

2137. Is not that a proof to you that it could not have been from lesion of the surface?—I think we are confounding the two, as it appears to me, for this original lesion or scratch was invariably followed by an indurated non-suppurating sore, but in the other cases of soft sores I have never seen them, except in a state of suppuration or ulceration, not in the early stage; I do not know how they arise.

2138. What is the proportion of venereal cases in your regiment, as compared with the strength of it?—I am not sure that I can give you precise information upon that point; I cannot recollect now, but we have had a considerable proportion for the last few years; between 40 and 50 per cent., I think.

2139. Do you think that the venereal disease is rather on the increase?—I cannot say that it is on the increase much beyond what we have had

for several years; I think it depends very much upon where a regiment is quartered; it has happened in succession that we have been quartered in places where the disease prevailed, as it appeared to me unchecked—at Aldershot, Norwich, and York—all of them places where there are no public institutions for the relief of persons suffering from these diseases in their primary stages or forms.

2140. Do you not find that gonorrhœa and its consequences are as detrimental to your branch of the service as syphilis?—No, not at all.

2141. Can the men ride when they have gonorrhœa upon them?—Yes, and they do frequently.

2142. When they have swelled testicle?—No, but swelled testicle from gonorrhœa is very remediable, and there is no subsequent lesion—the constitution is not affected.

2143. Not taking into account its greater frequency as compared with the other?—I do not know that that has been my experience at all, I have often wished that such was the case.

2144. What is the period of treatment in a general way of the primary symptoms; how soon do you turn a man out of hospital cured?—I think, on the average, from about 23 to 30 days, unless he has a suppurating bubo, with complications arising from sinuses, and so on, in which case the cure would be more protracted.

2145. You treat the primary disease, and the man gets well; but it does not follow that he will not have secondary symptoms?—Not at all, depending upon the disease, whether infecting or non-infecting.

2146. At what interval will he have them?—Supposing that the original sore had received no specific treatment, I think in about six weeks, but it is very difficult to ascertain positively, because it is impossible to know exactly when a man has contracted the primary disease; and, again, if he has been let out of hospital, he does not usually make his appearance the moment the secondary disease appears, at least during the first stages of it.

2147. He can do duty in the interval, I suppose?—Yes; but I have known several cases of secondary disease appearing while a man was still under treatment, and then I think that in these cases you invariably find it breaks out in about five or six weeks.

2148. How long would a man be under treatment for secondary symptoms?—That varies very much.

2149. How long have you known a man in hospital for secondary symptoms, the longest time?—Sometimes I am sorry to say for months.

2150. Have you known a man unfit for duty for months?—Yes, several months.

2151. Would it be of any use to disseminate some knowledge of the disease among the men in order that they might know what to look for, and therefore be able to apply for assistance at once when they were taken ill?—No, I think not, the men are so indifferent.

2152. By little tracts, for instance?—I think not; I have often endeavoured to explain to them the danger to their health, and the injury that they might expect to their constitution; I believe it to have no influence whatever, they are so careless of their constitutions, that I believe in many instances they expose themselves willingly for the sake of obtaining rest in hospital.

2153. What is about the proportion of the soft and the hard sores,—the non-infecting, compared with the infecting?—I have a memorandum here from which I can give some information. From 1857 to the end of 1864 I have traced the history of 603 primary admissions, and in these, irrespective of treatment, 141 were followed by secondary symptoms, that is to say, 1 in 4·27, or 23 per cent.; but in case you

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consider that the treatment might have had any influence in preventing the appearance of secondary symptoms, I have also traced those in which no specific treatment was adopted. The proportion of these was as follows: Of 455 cases of primary disease in which no specific treatment was employed, 86 were followed by secondary symptoms, that is, 1 in 5·29, or 19 per cent.

2154. Do you happen to know the proportion of the married men to the single men in your regiment?—No, I do not, I know that there is the number allowed by regulation, but many of the men are married without leave, and we do not know their number.

2155. Would it, in your opinion, contribute to the health of the men, if more of them were allowed to marry?—Unquestionably, the married men are always less in hospital than the single men.

2156. Is it desirable that marriages should be rather more encouraged than they are?—So far as the health of the men is concerned I think so decidedly.

2157. *Dr. Balfour.* Would it be possible, consistently with our regimental system, to encourage marriage to such an extent as to reduce disease?—I think not.

2158. Do you consider that the locality on which a sore appears affects its character as to hardness or softness?—Yes, I think the tissue does influence it: at least I should qualify that in this way, that the specific hardness is more readily distinguishable in certain situations than in others, for instance, it is more readily distinguishable on the prepuce than on the glans, because on the glans the induration, when it appears, is sometimes so extended, that you cannot say whether it is a specific induration or not, arising, as I believe, from the nature of the tissue. But even on the glans I have seen a sore which resembled more a cancer,—and not long ago,—elevated above the surface, looking as if it was implanted there, the surface not ulcerating.

2159. Have you seen induration extend over any large portion of the glans in such cases?—Yes, considerably.

2160. Not very circumscribed?—No.

2161. Have those cases been usually followed by secondary disease?—Yes; the cases which I have in view now were followed by secondary disease.

2162. Can you state what the relative proportions of the hard and soft sores have been in the regiment?—In my investigations I have received no statement distinguishing the hard and soft sores, because there is such a difference of opinion about what is specific hardness and what is not specific hardness, and I have taken only the cases which were followed by secondary symptoms, as representing, as I thought, the only cases of true syphilis.

2163. Do you find that the relative proportions of infecting and non-infecting sores have varied much in the different stations in which your regiment has been quartered?—Yes, I think so; but, as you will see from the statistics which I have mentioned, the proportion of the infecting disease has been comparatively small with us—only 141 in eight years.

2164. Have you been able to trace any connexion between syphilis and those diseases which give rise to a considerable amount of mortality or invaliding in the service, such as scrofula and phthisis?—Phthisis certainly. I think that every now and then the symptoms of that disease appear in quick succession, after constitutional manifestations of syphilitic disease.

2165. Do you consider that in such cases the phthisis has been developed by the constitutional syphilis?—I consider that the constitution

has been brought into such a state that the peculiar product in phthisis has become developed.

2166. Taking the result of your experience in the service before the inspections for the detection of venereal disease were discontinued, and your experience since that time, do you think that the discontinuance of those inspections for venereal has had much influence on the amount of the disease?—No, I think not.

2167. Do you consider that inspections are of much practical value in reducing the amount of venereal disease?—No, I do not.

2168. From your knowledge of the service do you believe that inspections are very unpopular with the medical officers?—I think that they are.

2169. And that they give rise to discontent?—Yes, I think so. I think that public inspections on parade are of no use, because a man may have the disease upon him, and unless you go and make an examination, which is not practicable on parade, you will not know that he has the disease. The only inspection of any value and which I have practised recently is to bring the men to the hospital and examine them privately, one by one. That, however, is with the view of preventing the importation of the disease, because, generally speaking, the men—not always, unfortunately—very soon come up of themselves.

2170. Do you think it would be advantageous to have the men inspected before they went on furlough, and after returning from furlough, with a view to prevent the spread of the disease, first in the country, and subsequently in the regiment?—Yes, and that is precisely my practice now. At our present quarters there is no venereal disease. On the arrival of the Regiment where it is quartered, I was so anxious that the disease should not be imported that I inspected every man in the Regiment in a private way in the surgery in the hospital, and I was enabled thereby to detect every man who had disease upon him by examining him minutely, and in that way I prevented the importation of the disease, I believe. Again, when a man went on furlough, the moment he returned I had him again taken to the hospital in order to prevent him from importing the disease. In this way I have detected one or two, quite enough to have imported the disease if this practice had not been carried out. I believe that under such circumstances it is a very profitable and useful thing to carry this out. But the ordinary weekly parade in numbers in the barrack-yard or in the riding school, I think, is of no use, and most objectionable.

2171. Do you, as a rule, inspect all prisoners who are confined in the guard room?—No, I do not; but I enquire whether they have venereal or not. If they conceal their disease they are liable to punishment. I consider, therefore, that a simple enquiry is sufficient; but if I suspect a man, I may then examine him, but it is not done usually.

2172. Do you believe it to be the practice of the medical officers generally in the army to treat all venereal sores with mercury?—No, I think it is the contrary generally speaking, so far as I know, at least—certainly the primary disease.

2173. Have you ever seen any cases of disease that were alleged to have been caused by the indiscriminate or improper use of mercury in the army?—Not administered by the medical officers; but I have seen cases, as I conceive, of men who have been much injured by the free administration of mercury in the early stages of the disease, the patients treating themselves, or having had recourse to private advice,—having gone, perhaps, to a chemist and obtained medicine, and then presenting themselves in a profusely salivated condition to the surgeon. I have such a case now under my care.

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2174. Have you ever known such cases occur under the treatment of the army medical officers?—No.

2175. *Mr. Cock.* You stated, I think, that you employed the iodide of mercury. I wish to know whether you have been in the habit of administering mercury externally by inunction or by fumigation?—By fumigation very frequently. I have given up inunction; I have had reason to feel dissatisfied with it, for sometimes the effect was more than I wished for unexpectedly, but fumigation in the later stages of the disease I consider a very valuable remedy, the other is less controllable.

2176. In what cases would you give the iodide of mercury, and in which cases would you use fumigations, or is it the period of the disease that would make the difference?—My practice is to use the iodide at first, and if the disease becomes persistent, when I no longer consider it advisable to continue the use of the mercury internally, and yet desirable to keep up an influence on the constitution, I have recourse to the mercurial vapour bath.

2177. Is it advantageous to produce an influence on the constitution by mercury slowly?—Yes; most advantageous, and the only way in which it can be, as I believe, really beneficial.

2178. You would not, I suppose, be guided by the effect produced on the gums so much as by the disappearance of the symptoms for the removal of which you give it?—Precisely; always stopping short of producing an extreme effect on the gums.

2179. *Dr. Donnet.* In your answer to Dr. Balfour's question you mentioned the difference between the relative proportion of infecting to non-infecting sores at the different stations you were quartered at, do you consider that the difference depended upon the place or the climate?—Not on the place, nor on the climate, but on the absence of proper remedial measures for the treatment of that class in the place from whom the soldiers contract their disease. For instance, at the places I have alluded to, no woman labouring under primary disease is admitted into the public hospitals, so that I conceive the disease is spread and maintained, because these persons cannot afford to pay for a medical man to treat them in their own lodgings, and, even if they could, I imagine that the treatment would be very imperfect. Therefore, I believe that the disease goes on being perpetuated, and probably aggravated, and if there is one more infecting form of the disease than another, I believe that that will prevail. Our men, in consequence, in such places suffer from the more severe forms of the disease.

2180. Would you, therefore, recommend the erection of Lock hospitals for the reception of women suffering from the disease?—Certainly; for I consider it to be a duty which the authorities owe to the community at large, as well as to these unfortunate beings, to establish places for their proper treatment, because the class of women to whom soldiers resort are very poor, and unable to obtain medical treatment for themselves. It is for these that I conceive suitable and sufficient hospital accommodation should be provided, in order to prevent the spread of the disease.

2181. Do you think that an extension of the Contagious Diseases Prevention Act would be very beneficial?—I certainly think so.

2182. I think you stated that you had practised cauterisation in the treatment of the non-infecting sore?—I have not practised it to any very great extent, and only when a sore has been of that magnitude that it was easily cauterised without causing much suffering or without producing a very large sore in the place of the other. At the stage at which I practised it, it was impossible to say whether it was a *bonâ fide* infecting sore or not.

2183. Was the sore accompanied with suppurating bubo in the groin? —Not at the time.

2184. Have you ever seen suppurating bubo follow the cauterisation of a soft sore?—I cannot recollect.

2185. Do you think that by cauterising a venereal sore on its first appearance, you would succeed in destroying its infectious properties?—Not necessarily.

2186. Let me suppose a person under your care with an infecting sore upon the genitals, would you consider him cured when the sore was healed, or would you rather say that the disease was in a dormant state, and that it would manifest itself at some future period?—I should say if the infecting sore had not undergone any specific treatment of any kind, that most certainly it would be followed by secondary symptoms, and that the constitution would be affected, even if the sore had healed up kindly.

2187. Would you, therefore, with this conviction pursue any mode of treatment, or would you wait until some symptom manifested itself which would indicate the treatment you ought to pursue?—In the great majority of cases I would wait, but with my late experience, under certain circumstances, I would begin a specific treatment at an earlier period than I have been accustomed to do, not in every case, but in some cases, and I will, with your permission, state what the circumstances would be—for instance, the persistence of the induration upon the seat of the sore, and the multiple enlargement of the glands in the groin. I conceive, under these circumstances (that is to say, if the nature of the case was quite clear), that it would be a waste of time to delay the administration of a specific remedy until the constitutional symptoms should appear, provided that the man was in a suitable condition to receive the specific remedy.

2188. Do you ever treat secondary disease with the iodide of potassium?—Yes; I have done so.

2189. Have you any opinion to offer as to the mode of action of the iodide of potassium; do you think it has any analogy to mercury in its action on the system?—I am not able to answer that question.

2190. Do you believe syphilis to depend upon a poison?—I do.

2191. *Mr. Quain.* What is the common treatment which you adopt in a case of gonorrhœa?—The ordinary treatment for inflammation, salines and sedatives, tartar emetic and so on in the first stages, and when the local inflammation is subdued, then mild injections.

2192. Have you seen any injurious sequelæ from gonorrhœa?—Never; not constitutional.

2193. With regard to the glands which are sometimes enlarged in the constitutional syphilis, supposing the enlarged glands to be the only sign remaining of the disease after continued treatment with medicine, would you treat them in any particular way?—No; I would not.

2194. Whether they were in the groin or in the neck?—If they were in the neck, I should have a different feeling about it; but the persistence of glandular enlargement in the groin I would not consider a reason for continuing the constitutional treatment, at least, not specific treatment.

2195. Would you use any treatment for that enlargement of the glands? —Understanding you to mean inguinal enlargement, I have found blistering to answer very well.

2196. Still keeping the man from duty?—No; unless actually under treatment, I do not consider that advisable; for I consider that it is better for a man to be in the open air having his usual exercise, so long as it does not amount to fatigue.

2197. With regard to officers or other persons in the higher classes,

Dr. Fraser. is your treatment of them of the same kind as for the men?—Yes, it is, under the same circumstances.

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2198. For the constitutional disease, do you keep them in doors?—No, it differs in that respect.

2199. Do you believe that the disease lasts as long or longer in the upper classes whom you treat and do not confine to their dwellings, than in the soldiers?—I believe that the upper classes who may contract this disease are usually in a better condition for specific treatment than the private soldier, because I conceive that under the use of mercury, which I look upon as specific treatment, they require support and good diet, fresh air, and supporting treatment generally, which is not so much within the reach of the private soldier as it is within the reach of a man in a better position; and because of that difference I frequently send a man out of hospital, although I do not consider him cured of his disease, that he may have the benefit of fresh air and exercise. I know very well that I shall have him under my observation shortly again for further treatment.

2200. When you expect him to be in better condition?—Yes. He has had as much of the specific treatment up to that time as he can bear, and then its effects will pass off and he will become improved by fresh air and exercise and his usual amusements. But by-and-bye the symptoms of the disease not having wholly disappeared, he will come back again and be put under treatment, and I should consider him then to be in a better condition for treatment than he would have been before. This also applies to the case of the officers.

2201. With regard to the diet of the officers, do you allow them while under treatment, better diet than the men can obtain?—Yes, I think, on the whole, it is better, although we endeavour to make the diet of the men as good as we can.

2202. Do you believe that under treatment the disease lasts a shorter time in the officers than in the men?—For a shorter time in the officers than in the men certainly as a rule.

2203. Have you ever seen cases treated wholly without mercury?—Yes.

2204. What was the result? Did the disease last longer, or were the effects on the constitution worse afterwards?—I cannot tell you how long, but I have a return showing the number of cases that were followed by secondary disease, and their treatment. There were 141 cases in which secondary disease occured, and of these 22 were treated wholly without mercury, and, so far as I have been able to trace, with satisfactory results. (See Question 2152.)

2205. Was there a notable difference in the character of the disease in those persons?—I believe that in those persons the disease was of a less virulent type, or the constitution of the individual was more able to throw it off. Such a case, perhaps, as might have recovered without any remedy at all. I believe that the constitution is, under certain circumstances, capable of throwing off the disease altogether if the type of the disease is less virulent than usual.

2206. Were these cases selected for non-mercurial treatment on account of the persons being healthy, or was it quite accidental?—It was not that, but the reason was this, that at one time we were endeavouring to see how far cases would recover without mercurial treatment, and in the great majority of them that we had to treat with mercury, it was frequently the case that mercury was had recourse to merely as a *dernier ressort*. But in those 22 cases that I mentioned it did so happen that they recovered without the use of mercury at any time either for the primary or the secondary symptoms.

2207. Did they recover as well as the other cases?—Seemingly.

2208. You have mentioned the effect of one system in producing phthisis; what is generally the result, independently of phthisis, of the disease, and its treatment, upon the men afterwards? Are they as healthy as other men after a time?—When they have wholly recovered they are quite as healthy. You will know no difference at all. They seem as able to endure their fatigues and exposure as the men who have never had the disease.

2209. Are they liable to relapses, and are the relapses frequent before the disease is cured. I mean the recurrence of the appearances or symptoms of the constitutional disease after the men have been dismissed from hospital, say, within six months?—They are liable to relapses.

2210. After what period would you consider them free from any liability to a return of the constitutional disease, without any fresh infection?—It is very difficult to say, because it returns after such very long periods unexpectedly.

2211. You have stated how desirable it would be that the men should be examined in the particular way that you have adopted, and also that women should be enabled to obtain admission into an hospital when diseased. Do you think it would be advantageous if the women were examined by some proper authority?—Most assuredly, very advantageous.

2212. *Dr. Wilks.* You stated that often a scratch on the genital organs may heal, and afterwards become indurated. I presume, therefore, although the terms ulcers and sores have been used by you, it does not follow necessarily, that a man who has constitutional syphilis ever has a sore at all?—No, it does not follow necessarily.

2213. Have you frequently seen that?—I do not say frequently, but every now and then I have seen it. I should imagine that you meant by the word "frequently" probably several times in the course of a month. I have not seen it so often as that.

2214. But still it may be so?—Yes.

2215. There need be no primary ulcers at all?—No. I understand that there would be a lesion of the parts, of course.

2216. The first intercourse produces either lesion or no lesion, but from a primary imbibition of the poison it may rush into the constitution without producing what we call a syphilitic sore?—Yes, I believe so; occasionally.

2217. Have you ever seen constitutional syphilis where there has been no history of a primary sore at all?—I have seen constitutional symptoms when a man denied the existence of a primary sore.

2218. And when there has been no evidence on his person, by examination, of it having existed, no appearance?—None that I could detect.

2219. Do you know whether those men ever had a discharge in the urethra, so called gonorrhœa?—I have inquired into that also, and I could not discover that they certainly had had it.

2220. Do you think it is possible that syphilis may be taken from a woman suffering from it constitutionally only, without a primary sore?—I do not know that.

2221. Then of course, referring to what Mr. Quain said, if women were examined and no primary sore was found, even although they had constitutional syphilis, you would let them go at large, and not put them into a lock hospital?—I certainly should desire to cure their constitutional disease, for their own sakes, as well as that of the community. I consider it is very possible that if they were labouring under constitutional symptoms, a local lesion, as frequently happens in a man, may have occurred during the course of the constitutional symptoms, and, although

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not apparent to the eye at the time, still some days hence it might be, and although a slight matter it might be capable of communicating the constitutional disease.

2222. Then you would think it advisable that they should be sent to a lock hospital?—Yes, for the purpose of preventing the possibility of their communicating the disease. As I have before stated, we find sores on the genitals in men suffering from constitutional disease, constitutional sores.

2223. Have you seen the children of soldiers suffering from the disease when the father was supposed to be cured?—No, I have very rarely seen hereditary disease, I think only once or twice.

2224. In those cases were either of the parents suffering at the time from constitutional syphilis?—In one case the man had been quite recently in hospital with constitutional disease.

2225. Have you ever seen a case of constitutional syphilis arising from a sore in any other part of the body than upon the genital organs?—Never.

2226. Did you ever see indurated glands in the neck without sore throat?—Yes, I have; the posterior servical glands.

2227. With reference to the treatment in the army, there is no rule as to the treatment, is there?—No, I presume that everybody acts according to the best of his judgment.

2228. Supposing a man had been out in a town, and had contracted the disease when he came back to the barrack, would he apply to the Assistant-Surgeon?—No, he would apply to his orderly corporal, who would put him on the sick list, and then the corporal would bring him to the hospital the next morning.

2229. Who would see the patient then, the Assistant-Surgeon?—The Surgeon or the Assistant-Surgeon, but generally both.

2230. Would they treat the case according to their discretion?—Yes, the man would be taken into hospital at once, and the Surgeon would treat him to the best of his knowledge and discretion.

2231. There is no rule in the army as to the mode of treatment?—None that I ever heard of.

2232. One Assistant-Surgeon might, for example, give mercury, and another might not?—Yes, if he were entrusted with the cure of a patient, of course he would act according to the best of his judgment. He is not directed to adopt any particular plan of treatment.

2233. Are not the men sometimes discharged on account of their having an unhealed bubo from a simple sore, and not from the true syphilitic disease?—No, I have never seen that; I should be ashamed to bring a man forward to be invalided on account of such an affection as that.

2234. As to those patients who died from phthisis, which you thought might be due to syphilis directly or indirectly, do you know whether *post mortem* examinations were made, and, if so, whether the lungs presented any peculiar appearances?—I did not say patients; there was only one case. The men usually, when phthisis is well established, are discharged "invalided" before they die, but last summer one man did die, although not under my care; I had no opportunity of examining his body after death.

2235. When suffering from gonorrhœa, are the men allowed to take horse exercise?—No; not if they are known to have it.

2236. *Mr. Spencer Smith.* Have you seen many cases in which in the same individual both kinds of sores have been present at the same time?—Yes, I have, and I have seen one well marked case so recently that I remember it well.

2237. Have you seen phagedena attack both kinds of sores?—I have, but I must explain that I considered the sores which were attacked

by phagedena, in which the secondary symptoms did not occur, as non-infecting sores;—and the only other case in which I saw secondary symptoms follow, in which phagedena occurred, I looked upon as an infecting sore, not because I could distinguish the one from the other, but on account of that one circumstance, that in the one instance there were secondary symptoms, and in all the other cases, to the best of my recollection, there were none. I have seen it in officers as well as in private soldiers.

2238. It is your belief that phagedena may attack any kind of sore?—I believe so.

2239. Have you seen it attack both kinds of sores?—Yes, judging from the circumstance that I mentioned.

2240. I mean hard and soft sores?—I was not able to say whether the sore was hard in the first instance, but I concluded that it was so from the view that I took of the pathology of the case.

2241. Have you had any experience of syphilisation?—None at all.

2242. Do you believe in the spontaneous origin of syphilis, that is, that under favouring circumstances, it might be generated?—Do you restrict syphilis to the constitutional disease?

2243. I mean the infecting disease?—I do not believe it is possible to arise spontaneously, and as bearing on that point I may mention, that at the present quarters of my Regiment there is no form of syphilitic disease, and that the troops, amounting to between 300 and 350 men, resort entirely to six women, one of whom has lived there for fifteen years, and the others for shorter periods, varying from three to ten years. And yet, during all that time, I have reason to believe that none of them have been the subjects of syphilitic disease.

2244. Have you served out of England?—Yes.

2245. Where?—In India.

2246. Did you find that the climate in India made any difference in the disease?—My experience was very limited there, and I am not able to say. It was a very mild form of the disease that we had in our cantonments. There were police regulations in force.

2247. Did you see phagedena very bad there?—No, but I believe it is very bad in India.

2248. Have you any suggestions to offer to the Committee with a view to the diminution of venereal disease in the army and navy, such as more frequent medical inspections, improved means and accommodation for ablution, recreations, and occupations for the soldiers?—I think that improved means for ablution are very desirable, and more especially an opportunity for private ablution.

2249. Might not these be easily supplied?—Yes. I think that a portion of the bath room could be fitted up for the purpose quite easily, in which not only private local ablution might be practised, but general ablution, such, for instance, as providing a shower, by having merely a tap with a rose at the end of it. I think further that it would be very desirable (I know that some people consider it objectionable, but I think that the advantages to be derived from it are greater than any of the objections) that some form of punishment should be adopted to induce the men to be more careful of themselves, more careful of exposing themselves, and more careful to report themselves when they contract disease. I believe that this might be promoted in this way—that after a certain period, the hospital stoppage should be increased up to the whole pay of a man, in order to encourage him to come soon with the prospect of course of being soon cured. I would give him a fair time, say a month, for the cure of his disease; but if his case was of such a nature, that his stay in hospital was necessarily prolonged, I would stop his

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pay altogether, and I believe that that would induce the soldier to come earlier and report himself, and to be more careful in not exposing himself.

2250. You would not allow a man to escape punishment by being in the hospital?—No. And there is another point to be considered, that his better conducted comrades—the men who do take care of themselves—have to perform his duty. My belief is that men occasionally expose themselves unnecessarily. What I mean is that if they find that one comrade has contracted the disease with any particular woman, that is the very woman that they will go to in order to contract the disease, and thereby get into the hospital, lie there for a certain time, and save money. I have observed that in one or two instances. As I was tracing the history of each man, collecting the statistics already quoted, and I wished to ascertain how long he had been free from disease after he had last been in hospital, in more instances than one I observed that a man deserted three or four days after he left the hospital, and as I believe because during the time that he was in hospital he had accumulated money to a considerable amount. When he came out he had his pocket-full and away he went. Now I think it is very desirable that he should not have an accumulation of money to his credit, in consequence of, and as a reward, as it were, for having been laid up with such a disease.

2251. The cavalry soldiers would seem to be more fond of the hospital than the infantry?—They have very hard work to perform; they are at it from morning to night.

2252. Have you any suggestion to make with regard to recreations or occupations for the soldier?—I think that anything that would promote general health is desirable, morally as well as physically, very desirable.

2253. Referring to what you have stated about Lock hospitals, I am led to infer that you consider the present Act defective, and that it does not go far enough, would you extend its provisions more widely, not only to the few garrison towns and camps enumerated in it, but to all places where there are troops stationed?—Decidedly. But supposing that there were any public feeling against the provisions of the Act, I should consider that the evil would be very much mitigated by simply establishing a special hospital for the cure of the disease both for men and women. I also think that in every large town provision ought to be made for the cure of this disease, especially in those who cannot, because of inadequate means, obtain medical treatment for themselves.

2254. Is there anything else that occurs to you to mention to the Committee, or have they omitted anything?—No.

The witness withdrew.

The Evidence, comprising the questions numbered 2255 to 2340, inclusive, is omitted here, on the recommendation of the Lords of the Admiralty.

Friday, 24*th March*, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Alexander Barclay, Esq., M.D. (Staff Surgeon-Major), examined.

Dr. Barclay.

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2341. *Chairman.* You have, I believe, treated syphilis in India?— Yes; and in Africa.

2342. In your opinion is the disease modified by climate?—Yes, I think so. I have observed that in India, it is much more severe upon the hill stations inland, where there are great variations of temperature, than at the stations on the sea coast, where the temperature is warmer, but more equable. For instance, of the two stations Bangalore and Madras, which are 200 miles apart, Bangalore being in the interior of the country, 3,000 feet above the level of the sea—the disease is infinitely more severe at the latter than it is at Madras, which is on the sea level.

2343. One would infer from that fact that the disease is more intense under circumstances of constitutional depression?—No. Bangalore is very much superior in point of climate to Madras, yet the disease is much more severe; there is a difference of 10° in the temperature of the two stations, and at Bangalore the diseases are generally of a much more sthenic character. At Madras, secondary syphilis very often merely affects the skin and mucous membrane, whereas at Bangalore the bones are often affected. Bad cases, however, do occasionally occur at Madras.

2344. Do your observations apply to Natives or Europeans, or both?—To Europeans solely.

2345. In both localities?—Yes; I was in charge of a very strong regiment in Bangalore for some years, consisting of over 1,200 men. I am referring to the 43rd Regiment. I was in charge of the same regiment subsequently at Madras.

2346. Have you observed the same features in reference to other localities equally elevated above the level of the sea?—I have not had any opportunity of doing so, never having been stationed at any other post of equal elevation with Bangalore.

2347. At Bangalore you say that the disease is more severe than at Madras?—Very much so. I should add that I have repeatedly seen cases of secondary syphilis sent from Bangalore to Madras, which have got better directly they got down there, and also that I have observed that in such cases a change from Madras to Bangalore is generally followed by an aggravation of the disease.

2348. What do you attribute the difference in the severity of the disease to?—It can only be attributable to the difference of the climate, and in particular to the very great variations of temperature at Bangalore.

Dr. Barclay. I have also observed in Africa cases of secondary syphilis, which have been sent from the interior to the coast, and they have almost always improved by the change.

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2349. Was there a greater proportion of venereal disease in the one place over the other, or merely a greater severity in its form?—There was not a very great difference, I fancy, in the proportion; there was a great deal of the disease at Madras.

2350. What were the forms that it presented in Bangalore?—There was nothing unusual in the form; there were the ordinary eruptions and affections of the bones, and affections of the cartilages of the larynx; rupia and ulceration were very common there.

2351. In your experience of the disease at Bangalore did you become familiar with the disease called phagedena?—I have seen it there.

2352. In any large proportion?—In a considerable number of cases. I may mention that a short time after my regiment arrived there, I urged very much the establishment of a Lock Hospital. Various objections were brought forward to it. It was said that it would lead to abuse on the part of the Native policemen, and that they would bring up respectable women for examination, unless they were bribed. Another objection was, that if it became generally known throughout the country that they could be cured of the disease there, diseased women would flock in from all quarters, and before coming into hospital, would perhaps spread the disease to a greater extent than before? A hospital was, however, established, and as soon as it had time to produce any effect, there was a reduction in the amount of syphilis, but a much greater change in the character of the disease. The cases of phagedena, that used to be common, disappeared altogether, and after that I never saw a case.

2353. What, in your opinion, is phagedena?—It is, I fancy, a complication. It may occur without syphilis, and I have seen it do so.

2354. You would not identify it with syphilis?—No, certainly not. I believe, however, that certain diseased women may communicate the disease to a series of men, and that in most of them it shall be attended with phagedena.

2355. Is it not an accidental result in the one case; if it be phagedenic in one, is it phagedenic in all?—Not in all; but I think that a certain considerable proportion of the cases are sometimes infected from one source.

2356. Were those the cases that produced the rupial forms of secondary syphilis?—Not by any means exclusively.

2357. Have you seen rupia from syphilis independent of phagedena?—Frequently.

2358 Did you administer mercury in those cases?—Not in cases of rupial ulceration, except in the form of Donovan's solution, which I have sometimes used with benefit.

2359. Was it your practice to adopt mercurial treatment for the primary sore?—For the indurated sore merely, a mild mercurial treatment, not pushed to any great excess.

2360. In what form did you give it?—Generally in the form of blue pill, and sometimes inunction.

2361. The women in both localities were of course native women?—Yes.

2362. Your opinion is, that the establishment of the Lock Hospital had a good effect upon the disease?—Decidedly, although it was established upon a very imperfect scale. It might have been made much more useful.

2363. Do you mean in diminishing the amount of the disease?—Yes; and still more, in banishing altogether the very bad cases.

2364. Was there a Lock Hospital established in Madras?—No, there

is no regular Lock Hospital there. There is a hospital into which women can go; but the city of Madras occupies an immense space, and it is very difficult to provide for all the prostitutes there. The population is immense, it covers about 27 square miles.

2365. What is your experience with regard to Africa; where were you stationed?—I was entirely on the frontier of the Colony, in Kaffirland, and on the eastern frontier, never in Cape Town.

2366. About what year were you there?—From the beginning of 1844 to 1853.

2367. Was the disease very severe there?—No, not nearly so severe as at Bangalore.

2368. What was the range of the thermometer at the Cape, as compared with Madras?—It was very much lower; at some stations on the frontier hot winds blow, and I have seen the thermometer rise there more than once to 115°, but that is rare. Generally the temperature is very pleasant; indeed it is one of the finest climates that I have ever known anywhere.

2369. Did you meet with phagedenic cases there?—Very rarely; I can scarcely say that I remember any.

2370. Was the disease as frequent in proportion to the number of troops as it was in Madras or Bangalore?—I think not; I saw it once for a short time among the natives of Kaffirland. It had got among some Kaffir police (natives), of whom I was in charge, and I was struck with the invariable appearance of the sores; they resembled the description of the Hunterian chancre exactly, and they also derived much more benefit from mercury, than the cases I had been accustomed to treat among the troops.

2371. What do you understand by the Hunterian chancre?—An indurated chancre, for the most part circular with smooth edges, and a yellow base generally.

2372. Are you speaking of an excavated sore, or of a flat one?—Not excavated with sharp edges, but cupped, with oblique edges and a cartilaginous base.

2373. Did you adopt the mercurial treatment in Africa?—Yes.

2374. To about the same extent as elsewhere?—Yes; and I have constantly seen secondary symptoms occur after it.

2375. Are you satisfied with the provisions contained in the Contagious Diseases Prevention Act, and also with the principle of it, and the extent to which it goes?—I am satisfied with the principle of it; but there is no such Act in force in India.

2376. Supposing your services were enlisted with a view to arresting the disease, what suggestion would you offer, if any, in addition to the suggestions contained in that Act?—I am not so familiar with the Act as to be able to give an answer to that question.

2377. You are, I presume, in favour of the establishment of Lock Hospitals?—Certainly.

2378. Everywhere?—Yes.

2379. And of registration of the women?—If possible. It is customary with some regiments in India to require that all the women who live in the regimental bazaar, shall submit themselves to examination by a matron, and if diseased they are at once sent to hospital, and by that means the disease is very much checked; but it is not practicable everywhere. At such a station as Madras it cannot be done. The same remark applies to Calcutta.

2380. A soldier's life in barracks is a very idle life, is it not?—Very much so.

2381. The mind preys upon itself?—Yes: but a good deal has been

Dr. Barclay. done of late years to remedy that evil; still there is great room for improvement.

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2382. Do you think that any suggestion might be made with reference to that matter, with a view to providing for the soldier recreation and occupation, so as to exercise both the mind and the body?—Yes, undoubtedly; if increased means of recreation and mental and bodily employment could be provided a very good effect might be looked for.

2383. *Dr. Balfour.* To what extent were you in the habit of prescribing mercury in the treatment of venereal sores?—Merely to affect the mouth slightly—not to produce violent ptyalism.

2384. Have you, in the course of your service, seen any cases alleged to have been caused by the indiscriminate or injudicious use of mercury?—I cannot call to mind any case. I never saw a man violently salivated for venereal in a military hospital.

2385. Do you consider that the system of inspection for venereal disease, which was in practice in the army until within the last six or seven years, was a successful mode of checking the disease?—I consider that some good was done by it; I have constantly observed that men came and reported themselves sick with venereal on the Friday morning, Saturday being the day for the inspection; and I believe the reason was that they were afraid of being detected at the inspection the next day. I think it is an abominable system; and I think that the small amount of good it does, does not make it worth while to keep it up.

2386. Was it very unpopular among the medical officers?—Yes; it has always been unpopular among them.

2387. Was it unpopular among the men?—I do not know; of course one would not hear from the men any objection; but I have no doubt that it was unpopular amongst them.

2388. You consider that the benefit resulting from it was not commensurate with the objections to it?—Yes; I consider that the indecency involved by it more than counterbalanced the benefit resulting from it.

2389. Do you think that the principal advantages which arose from it would be gained by examining prisoners and men going on furlough and returning from furlough?—I think that they should certainly always be examined. If a prisoner is not examined he is very likely to bring up some slight gleet as an excuse to get off his punishment. I have known that done repeatedly.

2390. Would it, in your opinion, be advisable to inspect all men previously to going on furlough, and after their return, in order to prevent the spread of the disease?—Yes; and all prisoners, as a matter of course. It is customary to inspect prisoners, but not men going on furlough.

2391. Do you think that in this manner you would gain almost all the advantages that were obtained from the old objectionable system?—The greater part of them; but I think that in cases where a regiment was troubled with a very unusual extent of venereal, there ought still to be the power of insisting upon the old inspection.

2392. With whom would you lodge that power?—With the commanding officer and the surgeon.

2393. With reference to Lock Hospitals in India, did any power exist of retaining the women there for treatment until they were cured, or could they demand their discharge?—I do not think there was any practical difficulty about that. I do not know whether there were legal powers to detain them; but I do not think there was any difficulty about it. I think they were in effect detained, and that they were so with their own consent.

2394. Did you find the duration of the venereal disease to be much affected by climate, comparing England with the Cape and with India?—I could scarcely see that it was.

2395. Did it appear to have much influence on the duration of the disease?—Not unless there were other conditions; if there were bad sanitary conditions as well, no doubt it did to a certain extent. A change of climate, however, is often followed by a good result, and an improvement takes place especially on a change from inland to the sea.

2396. Do you believe it to be the case that mercury is indiscriminately used in all forms of venereal disease in the army?—Not so far as I am aware. I think that lately it is too little used; many officers do not use it at all.

2397. *Dr. Donnet.* You said that you gave mercury in the primary stages of syphilis?—Yes.

2398. Was that for the purpose of preventing the occurrence of secondary symptoms?—That was the idea when I joined the army.

2399. Do you think that it wards off the progressive stages of the disease?—No; but I think it is probable that the secondary symptoms may be somewhat less frequent after it. I am not sure of that, however. I have often seen them after treatment of the primary sore by mercury.

2400. Have you had any opportunity of ascertaining how the Kaffirs treat syphilis?—I do not think that it occurred amongst them at all until after the war in 1846.

2401. Have you never observed any case of syphilis contracted from Europeans amongst the Kaffirs?—No.

2402. Do you know what number of women were admitted at one time into the Lock Hospital at Bangalore?—No; it was not under my charge, and therefore I cannot tell you. It was under the charge of the surgeon to the Mysore Commission.

2403. Do you know anything of the operation of the Hospital?—The women were taken in and dieted and cared for. They were treated by Dr. Kirkpatrick of the Mysore Commission.

2404. Were the women examined?—They were; they were not examined unless they were believed to be diseased.

2405. By whom were they examined?—I imagine that they were examined by Dr. Kirkpatrick.

2406. *Mr. Quain.* You stated that the disease became slight at Madras if it had been otherwise before the patients' coming to Madras, and that when a person was brought from the interior of Africa to the coast, he soon got better as a rule?—I said that he generally improved; but I did not mean to say that the disease is always slight at Madras.

2407. You also stated, I think, that a person coming from Bangalore to the sea coast improved?—Almost always. Upon the whole, the disease is much less severe at Madras than at Bangalore.

2408. Is there any similarity between the climate of Bangalore and the interior of Africa, or to what do you suppose the good effects of the change from the interior to the coast are to be traced?—The climate of Bangalore is somewhat similar to that of posts on the Kaffirland frontier of the Cape Colony, though a good deal hotter, but it is a tropical climate; the climate of South Africa is not tropical; it is in latitude 33°.

2409. Do you attribute any part of the good that resulted to the persons being brought to the sea coast?—I think so; but syphilis is only one of many diseases that are improved by a change from, say Bangalore to the coast. Rheumatism is almost always improved, and dysentery, and very often hepatitis, and chest complaints generally.

2410. You stated that you had seen bad forms of disease and the

Dr. Barclay. effects of the disease; that the bones were affected at Bangalore, and never at Madras, or at least as the rule?—Much less frequently at Madras.

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2411. Were the persons whose bones were diseased treated with mercury?—I cannot give you the particulars of each case now. I have known cases of the bones being affected without any mercury having been used.

2412. In your experience what has been the effect of the constitutional disease upon the health of the soldiers in after life; have they continued long in a weakly state or not?—I think that a good many have continued for a considerable time in a weakly state.

2413. Were the relapses frequent?—Yes, in India.

2414. How soon afterwards, as a rule, as far as you can say, after being treated and dismissed, might a man be considered in good health?—That would very much depend upon the circumstances of each case; it is almost impossible, I think, to say that there is a general rule.

2415. Have you ever seen the offspring of such persons?—No; in the cases of soldiers that were treated for venereal, we had no opportunity of seeing their children. The married soldiers, of course, did not come in with such diseases.

2416. Have you ever seen a second attack of constitutional syphilis from contagion?—No.

2417. As far as your experience has gone does it exist?—From my own experience I have no reason to suppose that it does.

2418. Are you an advocate for the women being examined, and being put into Lock Hospitals if diseased?—Yes.

2419. Would you have any substitute for that examination of the women amongst the men, except that which you suggested, namely, examining the prisoners in the guard-room, and when they were going on furlough and after they returned?—I would make it a rule that the women who choose to practise prostitution in the bazaar, should submit to examination, and if they did not submit to an examination, they should go elsewhere. I see no hardship involved in such an examination; it would first be made by the matron of the Lock Hospital.

2420. With regard to the men, do you think that the examinations, which you stated in reply to Dr. Balfour to be necessary, would be sufficient?—I think so.

2421. Would you recommend the same examination of women in this country?—I am not qualified to speak about this country, for I have never served with a regiment in England; but, I should think, if it were practicable, that it would be also desirable here.

2422. *Dr. Babington.* Have you heard that at other hill stations in India there is the same difference, as between Bangalore and Madras, as to the disease?—Yes, it is well known that cases of syphilis sent to any of the hill sanitaria, almost always get worse there.

2423. To the Neilgherries, for instance?—Yes, I have known it get worse there.

2424. Have you yourself been at any other station besides Bangalore?—Yes, I have marched through the greater part of India, from Madras as far as Cawnpore.

2425. Have you been in the low districts of India further south, in Tanjore, for instance?—I have never been there. I marched up the country, and was stationed for some time in Central India, and afterwards in Calcutta.

2426. Do you believe that all the inland countries, take Vellore, for instance, which is under the Ghauts, would be as healthy as Madras with regard to syphilitic cases?—You would not have the sea air there, but I fancy that the climate is more equable than at Bangalore. I imagine,

however, that the variations of temperature are greater at Velore than at Madras.

2427. Were the recruits or new comers to the regiment more liable to the disease than the old soldiers?—There was always a greater proportion of it among the young soldiers who had lately come to the country, than amongst the old soldiers, and partly for this reason, that a great many of the old soldiers kept native women, and they of course avoided the disease. These women follow them about from station to station.

2428. Were the cases worse among the young men than among men of more mature age; or had age anything to do with it?—I did not observe that it had.

2429. In what form do you administer mercury?—Generally the blue-pill or ointment.

2430. I think you stated that you would not object to the prisoners being examined?—No; and for this reason, that they have to be certified to be fit to undergo corporal punishment or imprisonment with or without hard labour.* They are brought up before the commanding officer, with the view of being punished for some offence, and it has to be certified that they are in perfect health, and fit to undergo the different punishments that he may inflict.

2431. You spoke of the examinations as before practised, as implying an amount of indecency?—Yes; undoubtedly.

2432. You alluded, I presume, to the examinations publicly made on the parade?—No; I have always seen it done in the barrack rooms.

2433. Is it indecent, do you think, to examine the men one by one in a room, as they march in and out, and so as not to be exposed to each other?—I think it would still be more or less disgusting to the men themselves as well as to the surgeon, and it would be impossible to examine a regiment of the strength of my regiment at Bangalore in that way, it would take more than a whole day, from sunrise to sunset.

2434. It would not necessarily take more time if there was a room so arranged that the men could march in and be examined one by one?—Yes it would. The examination of each man would probably occupy at least two minutes; but allowing it only to occupy one, the examination of a regiment a thousand strong would occupy 16⅔ hours. An examination for the detection of the disease in its incipient stage is of no use, unless very carefully made and in a very good light, and if the men were examined singly, as suggested, the examination could not be completed in one day. Medical inspections still take place weekly, although there is no examination for primary venereal; the men are paraded with their coats off, and their shirts open and their breasts exposed, the shirt sleeves turned up to above the elbows, and their trousers turned up above the knee, so that any secondary affection is almost sure to be detected.

2435. I suppose there were no moral causes creating a difference between Bangalore and Madras; were the barracks equally comfortable in both places?—They were not very comfortable at either place, but I do not think there was any difference in that respect to account for the severity of the disease at the one place over the other.

2436. *Dr. Wilks.* Why do you consider it objectionable to examine the men, or unnecessary?—I think there is a certain amount of good done by it; occasionally you find a man that is diseased, and you send him into hospital; but a greater number of the men come of their own accord. The day before the examination takes place they report themselves sick, instead of trying to conceal it, at all events for a time; but I do not think that the amount of good done in that way is sufficient to justify the continuance of the practice, because I think it is so very objectionable from its indecency.

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2437. I am speaking in a surgical point of view?—No doubt some good is done by it.

2438. But you think that the advantage is not very great?—I do not think it is.

2439. If you saw the disease early, do you think it could be eradicated at the onset?—That is a doubtful question.

2440. What means do you take to induce a man to declare himself diseased; is he liable to any penalty for concealment?—He is liable to be punished for concealing it, and I think it would be a good thing if it were made the rule, that every soldier who concealed the disease should not count his service while in hospital.

2441. What is the penalty at the present time?—There is no fixed penalty; but if a man is brought before the commanding officer for concealing his disease, he may be confined to barracks for a month. I do not think it would be a good plan to decide that the time spent in hospital on account of venereal disease should, at all times, be lost to the service, as it would lead to the men concealing their disease; but I think that if a man was found to have concealed it, it would be a very fair punishment that his time spent in hospital with that disease should not count in his service. His pension depends upon the time he serves, and he would of course have to serve so much longer before he became entitled to his pension.

2442. *Dr. Balfour.* Would not such a regulation be apt to place the medical officer in an unpleasant position, from having to report cases in which he considered men ought to be so punished?—I think he could generally tell whether the disease had been concealed; of course, if he was in any doubt about it, he would give the man the benefit of the doubt.

2443. *Dr. Wilks.* With regard to placing diseased women in the Lock Hospital, would you include those who had secondary symptoms?—I think it would be advisable. I do not know that it was done in India; no doubt it would, for their own sakes, be desirable.

2444. I think you stated that you had often seen diseases of the bones in patients who had not taken mercury?—Yes, I have occasionally.

2445. *Mr. Spencer Smith.* You admit, that if examinations were made they would afford you an opportunity of detecting the disease early; but you think that there are objections to them?—Yes.

2446. Do you not think it very unfair to the women, and to the community at large, that men should go about in a diseased state?—Yes, of course.

2447. Then, if you could detect the disease earlier would it not be beneficial to the men and everybody else; and do you not think that that is an argument that would overcome their personal objections?—Yes, if you only inspected the men who had the disease upon them, that argument would have force, but you would have to inspect the men who had not the disease upon them.

2448. I suppose you would admit the competency of a matron to detect disease, or to distinguish between health and disease?—Yes, as to general disease; but I think she would require to be instructed.

2449. By some medical man?—Yes. I believe, however, that a great many women would be delighted to come into a Lock Hospital of their own accord when diseased, and that thus, in the majority of cases, the difficulty as to their examination would be obviated.

2450. *Chairman.* Are there any other points upon which you are desirous of expressing an opinion, not with regard to pathology or with regard to treatment, but with reference to the operation of the Contagious Diseases Prevention Act?—I am not very familiar with that Act.

2451. *Dr. Balfour.* To what extent do you consider ablution to be

useful in the prevention of the venereal disease in the army, I mean facilities afforded for washing the genitals?—No doubt such facilities would tend to prevent the disease; but I fancy that the disease is generally contracted far away from the place where the means for ablution exist. They must, of course, be in barracks, and the disease is probably often contracted two or three miles off.

2452. You think that ablution after the lapse of an hour or two would not answer any good purpose?—Yes. I think that after that time it would be comparatively useless. With regard to the Lock Hospital, at Bangalore, I was anxious that the men should get as much benefit from it as possible; and for a considerable time after it was opened, I asked every soldier who came in with the venereal disease to name the woman from whom he had got it, or the house in which he had contracted it; but I never succeeded, in a single instance, in getting that information. The men appeared to have some idea that it was not right to tell, and they would not do it. My hospital sergeant was an old soldier, and he gave me this explanation of it. He said that the reason why they would not tell was, that the houses in which they contracted the disease, were also houses in which liquor was sold surreptitiously; and that the men were afraid, if they told upon the women, that the sale of the liquor would be stopped.

2453. That difficulty would not apply to places where liquor was not sold?—I cannot say whether or not the men would tell under such circumstances. I expected to get the information from them at Bangalore; indeed I did not doubt it, until I made the experiment.

2454. Do you know whether there is any regulation as to the prostitutes in Calcutta?—There is no regulation about them there, as far as I know: it would be very difficult to enforce any regulation there.

2455. Is there a great deal of syphilis in Calcutta?—Yes; and it is a most unhealthy place in every respect; the air is foul there all the year round, and especially during the rains.

2456. *Mr. Cock.* Do you think that general habits of cleanliness and daily ablution might be inculcated more than they are amongst the soldiers?—Certainly.

2457. Advice might be given to them, and opportunities for the daily ablution, more especially of the genital organs?—I think it would be a great matter if the means for ablution were increased. They are very imperfect in many stations in India, and I have frequently seen ulceration arising from filth alone in the soldier.

2458. Then it would be a great advantage to them if they had opportunities and means for washing afforded to them?—Yes.

2459. And if it could be strongly urged upon them as a moral duty which they owed to themselves and the community at large?—Yes. The means of ablution vary very much at different stations. In Madras there are ample facilities afforded for it, but in Calcutta it was not so, when my regiment arrived there in 1862; in fact there was no bath even in Fort William, that the men could use. There was a large bath made there when the new Dalhousie Barracks were built, but when they built the bath they never thought of any means of getting the water out of it, so that it was impossible to use it. Therefore it was used as a magazine for tents a few years ago, and the men had no means of washing anything beyond their faces and their feet; we got some casks sawn in two, and they were put into a room or cellar on the ground floor, under one of the arches on which the barracks are built, and the men washed themselves there; but until that was done they had no means of washing their bodies at all.

2460. *Chairman.* Do you think that the surgeon of a regiment could

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exercise a kind of moral influence over his men, by representing to them the desirableness, and the almost indispensable necessity, for such an operation daily?—I doubt if he can exercise very great influence in that way, but he can exercise some influence; and, according to my experience, commanding officers are generally anxious to forward the views of surgeons on such subjects. A very large proportion of the men in my late regiment (the 43rd) used gladly to avail themselves of every opportunity of personal ablution. At Madras 200 men used to bathe every morning, and on Sunday morning nearly the whole of the men of the regiment used to do so. There are some men, however, whose dislike to cold water is so great, that "moral influences" would never induce them to overcome it.

The witness withdrew.

Friday, 31st March, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

David Deas, Esq., M.D., C.B. (Inspector-General of Hospitals and Fleets), examined.

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2461. *Chairman.* Are you at all engaged in the treatment of venereal affections?—Not at all, and I have not been so engaged for many years.

2462. You do not exercise the functions of a practical physician?—Only to a very limited extent, if I do at all.

2463. Your attention, then, is not called to secondary cases of disease?—Yes, it is called occasionally to secondary cases; that is to say, the results of the secondary disease come frequently under my observation.

2464. How long ago is it since you took an interest in the matter?—It is more than 14 years since I took a direct interest in it.

2465. What induced you to lend your mind to the subject?—The great number of cases of syphilitic diseases that appeared in the returns.

2466. As compared with 14 years ago, do you consider that there is more syphilis now than there was at that time?—I think there is more.

2467. Do you approve of the step taken by the Government in appointing a Committee of independent men to inquire into the nature of, and the prevention of, the disease?—I do not exactly understand the object with which it has been appointed.

2468. The object is to make known generally the views of the best practitioners as to the mode of treatment, and as to the pathology.—Then there can be but one opinion of that, it must be approved of; it is desirable that the best ideas should be circulated as much as possible.

2469. Where have you seen the largest amount of venereal disease?—I should think that China altogether is perhaps the country where it exists more generally than it does in any other part of the world that I have been in.

2470. To what do you attribute that?—To the want of proper treatment possibly, or it may be, from the peculiar habits of the people.

2471. Do you mean a want of cleanliness?—Yes. I should think that that is a very important point. The Chinese have a great disinclination to use water, of which they have a very great dread, seldom using anything but a warm damp cloth, so far as I know, for the purpose of cleansing their persons.

2472. Are there not localities in England where the disease is very rife?—Yes; such, for example, as the place that I have just come from, Portsmouth. When I say Portsmouth, I mean the towns of Portsmouth, Southsea, Gosport, Landport, and Portsea.

2473. It is the same, is it not, in all the sea-ports?—Yes; in Devonport it is very bad. I saw yesterday a pretended statistical statement, which gave, I think, too small a proportion of prostitutes to Plymouth, and to some other naval ports. I presume that the large proportion of 21 prostitutes for every 1,000 inhabitants given to Portsmouth, while Devonport has less than half that number by this return, is more likely to be fairly attributable to the activity displayed by the Inspector of Police in finding who were entitled to be so returned, rather than to any superior moral construction of the society of the one place over the other.

2474. Are you satisfied with the present Act?—Yes, as a beginning.

2475. In what manner would you add to it or alter it?—So far as I know of it, I would make it much more stringent than it is, or than I understand it to be, for I really am not thoroughly versed in it; but its action has not seemed to me to be quite in accord with the intention.

2476. Do you mean that there is not sufficient vigilance, so far as you know, upon the part of the supervising authorities, or is it that the authority is not sufficiently exercised?—I think that up to this time it is but in embryo; and, therefore, it is almost inutile as yet, so far as I know; but I am glad to hear the Military Deputy Inspector-General fancies there is an improvement in Portsmouth. We, on the other side, do not think so at all; there was such a rumour, but it was altogether baseless. I think it was founded on some mere accidental smaller number appearing before certain people for some short period.

2477. You will not for sometime observe strikingly the benefit resulting from the Act, but it is evidenced by a remarkable willingness on the part of the women suspected to be diseased to subject themselves to examination and to restrictions?—Before the Act was passed there was no difficulty upon that point; the difficulty was to find means of accommodation for them. I have been inspecting the Lock Wards of the Portsmouth Hospital for the last four years, and I never found the least disinclination to fill the beds. I do not say that they did not sometimes empty them rather too hurriedly, but there was no disinclination to fill them. The same rooms exist, and we can expect no more good to be done than has been doing, so far as Portsmouth is concerned, because we have no further accommodation but the twelve beds, which are stuck into the already overcrowded wards.

2478. Not in proportion to the number of prostitutes in the town?—Certainly not. I am assured that there are over 2,000.

2479. Your impression is that the accommodation is not greater than it was before the Act was passed?—The cubic feet of air are not greater, but there are a greater number of beds stuck into the same wards. I understand that there are twelve additional beds.

2480. You would, I suppose, consider the Act quite nugatory unless accompanied by an ample supply of Lock Hospitals?—Yes, quite.

2481. So that wherever the Act was carried out there should be a Lock Hospital?—I hold that the first duty of the Legislature was to see

Dr. Deas. that there was accommodation enough, for without that all will be useless.

31 Mar. 1865. 2482. It would be a curious statistic which afforded information, on the one hand, as to the expense growing out of the disease, rampant as it is now, and the expense of Lock Hospitals on the other?—It would.

2483. And you would not think it very astonishing if the two nearly balanced, possibly to the advantage of the Lock Hospitals?—I think that that is very likely, indeed, to be found to be so, leaving the moral effect entirely out of the question.

2484. By that we should get over one considerable difficulty, which is the expense. There is no doubt that there are others that will affect the question when carried out, but they are very inconsiderable as compared with the immense advantages to be derived from the establishment of Lock Hospitals?—I would make them more paying, if I had my ideas carried out, by granting a licence instead of registration. Registration will do, but I would have a licence, and it will come to that in the end, I have no doubt.

2485. Do you mean a licence granted to the women?—I speak of the keepers of the women, to license the house instead of merely registering it.

2486. What would be the advantage of a licence over a register?—I think you would have greater security for the character (if such people can be supposed to have a character) of the keepers of such houses, besides contributing a certain amount towards defraying the expenses.

2487. They would then fall upon the brothel keepers?—I would have the proceeds of such licences carried towards the support of the establishments.

2488. Have you any other suggestion upon that topic to make to the Committee?—No, except as to that which is becoming every hour more and more apparent; that is, the necessity for having paid medical officers instead of unpaid ones. I do not know that there is anything else. I think that the medical gentlemen in charge of the establishments should be paid, and put under the control of the Government authorities, whoever they might be, and not under the entire control, as they are at present, of a Committee, which is certainly more than half opposed to having such Lock Wards at all. Certainly one half of some of those Committees are opposed to having such wards at all connected with the Hospitals.

2489. *Dr. Babington.* Are most of the prostitutes in the towns living in houses under keepers; for in Paris there are the girls who live in the houses, but there are also what they term *les filles isolées*, who live in their own lodgings?—I would say that the women with whom we are most concerned, that is those who affect the seamen and marines, live entirely in these houses.

2490. You would license the individuals in lodgings also, perhaps?—Clearly; all of those who could be recognised by the police as prostitutes.

2491. In addition to licensing, you would compel them to be examined?—Certainly; for without that the licence, or anything else, would be of no use, for which purpose things ought not to be as they are now—that is, the house-surgeon of the establishment examining only such women as go to him, or are sent to him; but there ought to be a well paid medical man to perform the disagreeable duty of seeing to the state of every woman in every licensed house.

2492. You think he ought to be paid by the Government?—Yes.

2493. Not by the individuals?—No; he must be a well paid medical man, and paid by the Government.

2494. Have you any observations to make with regard to cleanliness in improving the condition of the soldiers and sailors; I mean affording

them opportunities for practising ablution?—It would be a very great boon to the sailors. As to the soldiers, I do not pretend to offer an opinion; but to the sailors, it would be a very great boon indeed, and tend materially to preserve their health, if they had greater facility for ablution.

2495. Has it ever occurred to you how to provide accommodation of that kind on board ship?—I have made propositions, with the view of having bath-rooms constructed on board ship, but I have never seen them carried out; it is a very great difficulty.

2496. The space on board ship being so valuable, the necessary accommodation can hardly be provided?—No.

2497. Might not some temporary accommodation be provided at certain hours of the day, such as screening off a part of the deck, which at other times would be open?—Yes; on some days.

2498. By means of canvas partitions, or something of that kind?—On some days it might be so, but there are great practical objections to it, I know.

2499. In frigates, I believe, the sick-bay is made by putting up a canvas partition?—Frequently, and in fact that is the rule in all vessels below the class of large frigates. The large frigates have now sick berths regularly constructed.

2500. Do you think that the sailors would submit to be inspected on coming off from leave, or when going out on leave?—I have always found it produce a great amount of discontent.

2501. But still the good effected by the practice is very great, is it not?—It would be if it were properly followed out.

2502. Restricted to the unmarried men?—I am afraid that that would scarcely answer all over the world. I do not know that you would gain much by that.

2503. *Dr. Balfour.* Have you had any experience, in the course of your service, of the effect of regulations with regard to prostitutes in any of the foreign stations?—I have had a little general experience.

2504. At what stations?—Perhaps I ought to refer more to China than to anywhere else; to the colony of Hong Kong.

2505. What was the nature of the regulations there, and the practical result of them?—The nature of the regulations was a strict registration, with an examination of the inmates. A certificate was granted and a severe fine imposed in the event of disease being communicated by any one in the house who had not a certificate; of course if they had a certificate of the proper date they would not have given the disease.

2506. How often were the examinations made?—I think it was understood to be once in ten days; but I do not think it was nearly so often.

2507. What was the practical result?—The practical result was very good indeed, for it led to a lessening of the disease in the seamen—there was a material lessening of the disease among them.

2508. Do you know what the proportion of the venereal disease among the seamen at that station was?—I cannot give correct numbers now, although I knew them at one time exactly.

2509. Have you any personal knowledge of the working of the system at Malta—the supervision of the prostitutes?—I have a little, but not acquired of late years. I have not been in Malta for a number of years.

2510. At the time that you were there, did you consider that the system worked as successfully as you seem to think the system pursued at Hong Kong did?—I think it worked successfully, but that it was not attended with anything like the success at the time I refer to, that it seems, by the reports made, to have been attended with since that time.

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2511. You have stated that you think there is more syphilis now than formerly; does your answer refer to naval or civil life?—It refers to the naval only.

2512. Do you think that there has been any difference of late years in the ages of the men serving in the navy; has there been a larger proportion of young men, or a larger proportion of older men than there was formerly?—Certainly, there has been a larger proportion of young men.

2513. May not the increase of syphilis be, to a considerable extent, traceable to that circumstance?—It may have had a certain effect, certainly.

2514. Has it ever been the practice in the navy, since you entered it, 35 years ago, to give mercury indiscriminately in the treatment of syphilis?—I have never seen it; I have only heard of it.

2515. So far as your personal knowledge goes, that has not been the practice?—Certainly not.

2516. Have you ever seen in the large naval hospitals any of those cases that are alleged to have occurred in the navy from the injudicious or indiscriminate use of mercury?—May I ask what effects you refer to.

2517. I mean such cases as result from excessive salivation; disease of the bones?—Never.

2518. Did you frequently, in the large naval hospitals, have men sent in from ships in a state of salivation?—I think not.

2519. Do you think that mercury is less used in the navy than it was when you joined the service?—Certainly, I think it is.

2520. *Dr. Donnet.* Is there any medical officer specially appointed to inspect the women in Portsmouth?—None, so far as I know.

2521. By whom are the women inspected?—Those only are inspected who are sent to the Lock Wards of the Civil Hospital by the police. The house surgeon, as I understand it, of the Civil Hospital, inspects such women as are sent there by the police, and these consist of such as have already admitted themselves to be diseased, and of these only.

2522. Do you know whether he is paid according to the number of women he inspects?—I am not aware; he was not paid, while I was in the habit of inspecting the hospital.

2523. Is he under the orders of the Medical Inspector under the Contagious Diseases Prevention Act?—I do not know, but I think that he is not.

2524. Do you think that the inspections would be carried out more efficiently if the House Surgeon of the Lock Hospital were under the more direct orders of the Medical Inspector?—Certainly, I think so. If the inspections of the medical gentleman in charge of those wards were more directly under the Inspector-General, I think they would be much more likely to be carried out efficiently than I fear that they are. But I am trenching perhaps on foreign ground, for I have no longer anything to do with those wards myself. I was merely acting *ex officio* when I visited them four or five times a-year, in order to see that they were in a proper state of cleanliness, but entirely without enquiring into the mode of treatment.

2525. *Dr. Wilks.* Will you be kind enough to state whether, from your knowledge of venereal diseases generally, you would put women with all kinds of local venereal affections and with constitutional syphilis in a Lock Hospital?—Certainly, women with constitutional disease as well as local affections.

2526. Do you think that the constitutional disease can be propagated?—I have an idea that it can.

2527. Have you so strong an impression of that, that with your present knowledge and experience, you would remove them?—Certainly; I would put them under treatment.

2528. You would not make any particular selection from the various forms of the disease?—No; I would not.

2529. Is it right for sailors who are diseased to have free liberty, as they have at present, to go about wheresoever they like and propagate the disease, or would you put them under any similar restraint?—They are put under restraint now. The moment a man is known to be diseased he is put upon the sick list, and he has no permission to leave the ship.

2530. Are there not men with disease upon them who are still fit for duty?—Not when suffering from venereal disease; that is never so. The moment a man is known to be diseased, he is prevented from going and communicating it to others; but the difficulty is this, that we do not know when they are diseased.

2531. *Dr. Balfour.* Could you suggest any mode of detecting the disease among the men different from that which is at present in use?—No, except by inspections, which, as I have already stated, are the causes of most bitter discontent, and I have no doubt would be so. I have suggested these things, and I have practised them when I was surgeon of a ship, but I never did so without causing great discontent among the men. I am not quite clear that it could be carried out generally at all.

2532. *Dr. Wilks.* Are there no general rules for the treatment of venereal complaints in the navy?—I think not.

2533. Suppose a ship in port, and that the men have returned to the ship after a few days' leave with syphilitic disease—sores upon them—to whom would they apply for treatment?—To the surgeon, of course.

2534. Or to the assistant surgeon?—To one of the medical officers.

2535. Would he treat the complaint according to his own discretion?—Clearly; the surgeon would do so, or the assistant surgeon under the directions of the surgeon.

2536. According to his own views of the case?—Yes; entirely according to his own views of the case.

2537. Would the assistant surgeon bow to the surgeon?—Certainly.

2538. The surgeon would dictate the treatment?—Yes, he always does, and to the best of my knowledge he would be obliged to do so; he certainly would, if I were the superior medical officer.

2539. You would not say that there was any general plan of treatment in the navy?—There certainly is none.

2540. *Mr. Spencer Smith.* Do you not think it is as imperative to examine the men, in order to prevent them going about and propagating the disease, as it is to examine the women?—I quite admit the propriety of examinations being made, but I know the evils that attend it, and the discontent that it gives rise to.

2541. Do you not think that an earnest man might make such an impression on the minds of the seamen as to lead them to submit to it, not from any positive order being issued to them in the ship, but the intimation coming to them in a shape that would not be disagreeable, if they understood that it was for their good?—I have tried all the persuasive influence that I could possibly exercise, and I never found that they submitted to it but with great reluctance.

2542. You have alluded to the Committees in the Hospitals having the charge of the Lock Wards; I presume you mean the Managing Committees of the Civil Hospitals?—Clearly.

2543. You would desire that the patients should be removed entirely from their control, and be placed in Government Lock Hospitals or distinct hospitals?—So far as the Act goes.

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2544. You would wish them to be kept distinct from the Civil Hospitals?—I would wish to have them placed fully under the control and medical inspection of the Inspector-General who might be in charge. I may say that I have, as Inspector-General visiting the hospital, tried to get the Committee, when once they have got the women in, to keep them in until they were cured, but I failed. I found that I could not succeed in persuading them.

2545. Would you extend the powers of the Act to retaining the women until they were cured?—That I think is absolutely necessary. The first gun of a salute fired at Spithead empties a number of beds, a fair at Fareham empties a number more, and any extraordinary attraction would empty the Hospital.

2546. *Dr. Wilks.* I understood you to say that you thought the Government ought to provide a ward for these women, but that you have no preference for a distinct building, called a Lock Hospital, over a ward to be provided in a General Hospital by the Government?—Not the least, provided it be placed under the control that I have mentioned.

2547. If the Act could be brought to bear in any private Hospital there would be an opportunity?—Most clearly.

2548. *Dr. Balfour.* Admitting the objections to inspection of sailors for venereal disease, do you think it would be advisable, under such a special case as the excessive prevalence of the venereal in any ship, to subject the men of that ship to periodical inspections, until the disease was reduced?—Yes; I think certainly that such a course might be very advantageous, and such a course, I may add, I have suggested to be carried out before now.

2549. *Chairman.* Would you achieve more under a Government order, or by the persuasive influence of the surgeons of the ship?—More indignant discontent would be excited by a Government order than by the persuasive powers of the local authorities.

2550. Is there any other remark that you would wish to make to the Committee, and which has not been elicited by the questions already put to you?—I do not remember anything at this moment.

The witness withdrew.

Tuesday, 4th April, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Fergusson, Esq., F.R.S. (Professor of Surgery and Surgeon to King's College Hospital), examined.

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2551. *Chairman.* Do you apply the term "syphilis" indiscriminately to all forms of venereal disease?—No.

2552. To what do you restrict its application?—Setting gonorrhœa aside, to all other forms of venereal disease.

2553. All other sores?—Yes, all other forms.

2554. You apply it indiscriminately to all forms of local sores, and except only gonorrhœa?—Yes, speaking in general terms.

2555. First, with regard to a disease which you must have seen frequently, gonorrhœal rheumatism, or, as it is sometimes termed, rheumatic gonorrhœa, have you ever observed any peculiarity in the character of the gonorrhœa that is followed by rheumatism, or has that subject ever occupied your attention; I mean, whether the rheumatism was the legitimate consequence of an attack of gonorrhœa?—It is the general impression on my mind that a rheumatic condition comes on after the sudden suppression of the gonorrhœa. I have not observed anything particular about gonorrhœa before that suppression.

2556. Not that it has had an unusually long period of incubation?—No.

2557. With regard to the sores, do you divide them into hard and soft?—You cannot help dividing them, for you see the two kinds in different instances.

2558. Can you give the Committee any idea of the relative frequency of the soft and the hard sores?—I could not give any precise answer to that question; of course when one sees the hard sore, as it is called, one generally has less hesitation in applying the term syphilis to that form of the disease, only you may doubt whether it is syphilis at all. The soft sore you might possibly think was merely the result of excoriation.

2559. You are aware that the soft sore has a short period of incubation, it is ulcerative and suppurative in its character, attended with enlargement of the glands of the groin, which often ends in suppuration, and with characters which are not commonly attendant upon the hard sore?—That may or may not be; the hard sore is generally so much slower in being developed than the soft, and it is in a very different condition at different periods of the disease.

2560. How do you treat the common soft sore?—With plain water; a bit of lint, and water locally applied, a little attention to the general health, keeping the bowels regular, and the skin in correct condition, also paying attention to the habits of the patient and the diet.

2561. At all events you do not give mercury?—As a rule I do not.

2562. Has it happened to you to have seen a secondary eruption arising from a soft sore?—Yes, I have seen it frequently.

2563. Would you treat that secondary eruption arising from the soft sore as you would treat the secondary eruption arising from a hard sore?—Yes, pretty much the same.

2564. Do you think you can readily discriminate between the two sores, the hard and the soft?—Not at first, but in course of time you can readily distinguish between them.

2565. Would you mention any time?—I think before you have the hard sore established probably three weeks or more would elapse before you could fairly call it a hard sore.

2566. You are clear, however, that they are not readily distinguished in the early stages?—I am certain of that in my own mind.

2567. How do you treat the primary hard sore which we should all deem to be syphilitic?—I would still, whatever sore it might be, go on with the water dressing, until I saw that the hardness was fairly developed; after that, if I had not already used any specific remedy (that is to say, a remedy to have a specific effect upon the constitution, such as blue pill, in moderate quantities, or iodide of potassium), I would then begin one or other of these. I should very likely start with a little

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blue pill, thinking that it would probably put the patient into a better state of health, and I should proceed moderately with that, using it as an alterative and not with a view of producing any of the very marked effects of mercury; if I were satisfied that the patient was in a better condition and in good health, with the exception of the sore, I should not use this remedy long, but very likely administer iodide of potassium, sarsaparilla, or some other agent that would have a beneficial effect on the system.

2568. We are now speaking of the primary sore?—Yes, accompanied with induration. I might also say that, occasionally, one will see very marked effects, at all events a marked change, after using a given remedy; and, if I am satisfied with the remedy I have used, such as mercury in the form of blue pill, I might, in order to expedite matters, use it locally as well, but I should do that only in instances where it did not appear that there was any change coming on speedily for the better. In the case of chronic sores I should use it chiefly as an alterative.

2569. After what period do you consider the constitution becomes involved; supposing a sore, the primary cause of which has occurred a fortnight prior to the induration, can you form any idea when the constitution gets involved, because, of course, that induration must be the consequence of a state of things which has existed for 10 or 12 days prior?—I think there is great variety in that respect; I do not believe that it is the same period of time in any two cases.

2570. Did you ever try to destroy the hard sore with caustic or by excision?—Not since I knew anything of surgery.

2571. Should you think, theoretically, that the destruction by escharotics, or the excision of a sore upon a distinctly hard base, could eradicate the disease from the system?—No; I should not place any confidence in that. I should consider it cruel and unnecessary treatment, because the hardness would in course of time pass away just as certainly as the time came round.

2572. Would it be spontaneously eliminated from the system?—Yes, I believe that it would, although I should of course very likely give certain remedies with the hope of acting more speedily upon the disease.

2573. In your opinion, what is the nature of the action of mercury on the system; is it what can be truly called a specific for the malady, or is it merely that it produces a condition of the health which arrests the progress of the syphilis? Can it be called a specific, or does it act through the constitution?—My own impression is, that it acts upon the constitution, and that it produces a favourable effect, but that it has not the specific influence which was attributed to it in former times.

2574. In any stage of the secondary disease, do you administer mercury on a large scale?—Never.

2575. You stop short, I suppose, at what is called touching the gums?—Certainly; I never go beyond that, and rarely to that extent.

2576. Do you combine iodide of potassium with mercury for the secondary disease?—Occasionally, but I generally prefer to administer them separately.

2577. In what doses do you give the iodide of potassium?—From 2 to 5 grains three times a-day. I seldom give more.

2578. Do you go as far as 15 grains a-day?—I do not often do that, but I might give even a much larger quantity than that.

2579. The difference in the effect upon the constitution of the mercury and the iodide of potassium is very great, is it not; mercury, for example, is depressing in its influence?—Yes, much more so than the iodide of potassium.

2580. Is the iodide of potassium depressing in its effects?—I thi[illegible] it

is with some people, but not generally; some persons seem to be depressed by it.

2581. When you treat the venereal disease, including syphilis of course, with mercury, do you protect the constitution against the depressing influence of it by tonic medicines, or good diet?—I do not administer tonics with mercury. I generally enjoin good diet if the stomach will digest it.

2582. You do not necessarily keep the patients low?—No.

2583. Can you give any average period of age when persons become affected with venereal disease, or does it prevail in as large a proportion in advancing life as in early life?—There is not nearly so much at the later period of life. I do not think I have seen many persons towards 70 years of age with venereal disease; but I have occasionally.

2584. Nor even at 50 years of age?—No; and rarely at 40.

2585. It is part of our duty to suggest to the Government some means by which syphilis can be reduced in amount, and, as it were, undermined if possible; and with reference to that I will ask you what advice you would give to a young man on the town with reference to escaping from the disease?—If I supposed, or if he told me, that he was determined to take his chance as to that, I would say, "Well then, you had better be careful as to cleanliness, and if anything befalls you, see that you have proper advice; do not attempt to treat yourself, or to conceal what is wrong, but go to some one in whom you have confidence for advice."

2586. Yet you know that there is a term to which you have referred, during which you rely upon very simple treatment, both in the case of a simple sore and a syphilitic sore?—Yes.

2587. Do you think that a young man having had intercourse could avoid the disease by ablution one or two hours afterwards?—I should doubt that very much. If the ablution was not performed in a very brief period after intercourse, I think the person would be in great danger if he had had contact with a diseased woman.

2588. Are you familiar with the Contagious Diseases Prevention Act?—No, I am not familiar with it.

2589. Do you approve of its provisions—for instance, it gives to the magistrates a right to arrest women supposed to be diseased?—Yes. I approve of that.

2590. Particularly in garrison towns and naval stations?—Yes, I quite approve of magisterial interference in necessary cases.

2591. Have you seen much phagedena?—Yes, a good deal.

2592. What is it? Is it syphilis?—I do not think it is syphilis. I consider that it follows a violent inflammation, and in some cases it is doubtful whether there has been any syphilis at all. I think that possibly from a violent inflammation having been induced at the time, there is sloughing of the part from engorgement.

2593. That engorgement, or inflammation, or whatever it may be, being dependent upon the person and not upon the poison?—I think it is more dependent upon other circumstances than upon the poison. I do not think it depends upon the poison.

2594. Do you treat it with mercury?—Certainly not.

2595. You would eschew mercury?—In a case of that kind particularly.

2596. Have you seen secondary eruptions follow that?—I cannot say that I have.

2597. Have you ever had an opportunity of tracing the disease in a male to the female supposed to have produced it?—Yes, I have seen cases of that kind.

2598. Have you traced disease to a woman, and has it always been

Mr. Fergusson. the same disease?—I cannot say that I have obtained any precise information as to that.

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2599. *Dr. Donnet.* I understood you to say that you had seen syphilis follow phagedena?—No, I said that I had not seen that.

2600. If phagedenic action attacked an infecting or non-infecting sore, do you think that the properties of that sore would be destroyed?—I think so, just on the same principle that when you apply caustic you think you destroy the true syphilitic aspect of the sore, or the virus in it.

2601. Have you ever seen any sore attacked by phagedena not followed by suppurating bubo?—I have seen phagedena frequently without suppurating bubo.

2602. On a simple non-infecting venereal sore?—I do not know that I have seen cases of phagedena just when it has been developed, but I have seen the whole of the glans lost with no suppurating bubo. When you have phagedena occurring on a sore that may be syphilitic, I think it would destroy the syphilis as well as the tissues where the phagedena was.

2603. You stated, in answer to the Chairman, that you did not use escharotics in the treatment of the hard sore; do you use them in the treatment of the soft sore?—When I see the first pustule appear, I very generally touch with caustic; but after that I never use, in my own practice, anything approaching to an escharotic. I have even given up using such a mild lotion as sulphate of zinc—one or two grains to an ounce of water; I do not use that now. Black wash and all kinds of irritants I invariably throw aside, preferring plain water.

2604. Do you believe that mercury given in the primary stage of syphilis prevents the occurrence of secondary disease?—No.

2605. Do you think that it has any effect on the ulterior manifestations of the disease?—No.

2606. Do you give mercury for secondary syphilis?—Occasionally.

2607. May a relapse be prevented by the exhibition of mercury in the first manifestations of secondary syphilis?—No; I was speaking of mercury being administered to produce something like ptyalism different from that which one would imply by speaking of the remedy as an alterative; the effect is not so decidedly marked.

2608. Have you observed that mercury endermically administered, whether by inunction or by the use of a mercurial vapour bath, answers the same purpose as it does when administered internally?—Yes; where you wish to produce a sudden mercurial influence on the system I think it does so, but in most of the instances that I have seen they have been combined.

2609. What would your treatment be in a case of excessive salivation from the indiscriminate use of mercury?—I would endeavour to get the bowels and kidneys to act as rapidly and effectually as possible, and the skin also, so as to eliminate the poison from the system as fast as possible.

2610. *Mr. Quain.* Have you seen much of gonorrhœal rheumatism?—Yes, I have seen a good deal of it.

2611. In the joints?—In the knees chiefly.

2612. Have you ever seen the hip joint affected?—Yes, I think I have.

2613. Have you ever seen the bursæ affected as well as the joints?—Not so frequently.

2614. Have you seen the eye, not the conjunctiva, but the internal structure of the eye, affected with iritis from gonorrhœa?—Yes, in some of those instances you have a combination of gonorrhœa and syphilis, and occasionally you hesitate as to whether you will call it gonorrhœal iritis or syphilitic iritis.

2615. But arising from disease in the urethra, and nowhere else?—Yes, I have seen that.

2616. Do you allow your patients to go about when under treatment for the constitutional disease, or do you advise them to keep to their houses?—Unless they are very ill, I let them go about, if they are so disposed, unless there is some special reason for keeping them at home.

2617. Have you ever seen a second attack of constitutional disease arising from fresh contagion? Suppose the person to have been cured of the disease apparently, and then has again a sore, have you ever seen constitutional disease a second time?—I think I have.

2618. From fresh contagion?—Yes; I should say it was a new disease, if you get the history of a new sore.

2619. Have you seen relapses of the constitutional disease when it was apparently gone?—Yes, frequently.

2620. How soon do you believe that a person might safely marry after having had the constitutional disease?—I have seen a good many cases in which the question has been put under important circumstances. It is almost impossible to say in regard to any one individual, whether there will be but little hazard in three months or six months after, and in another case several years; it must depend upon the peculiarities of the constitution.

2621. Have you seen many new born children affected with it?—Yes.

2622. Have you seen that without either of the parents having any appearance of the disease that could be discerned?—I cannot say that I have; but I have always had my suspicion, looking at one or both the parents, that there was something, about the mother perhaps, indicating that she had had the disease without knowing it.

2623. Have you turned your attention to the subject of preventive measures at home or abroad, and can you offer any suggestions which would be useful in preventing the disease or diminishing it?—I have; and with regard to more frequent medical inspections, improved means of ablution, recreation and occupation, with a view to occupy the men's minds and keep them out of mischief, police control over prostitutes, and treatment under disease, and Lock Hospitals, I think that all these would be highly satisfactory arrangements.

2624. *Mr. Spencer Smith.* Do you think there should be a power to retain the women in the hospital until they were cured?—Certainly; I think that legislation upon that point is very important.

2625. *Mr. Quain.* It would be useful for civil life, as well as for military and naval life?—Yes, it would be useful for the public at large.

2626. *Dr. Wilks.* Have you seen many cases of secondary or constitutional disease without there having been any local sore?—I have seen a number of instances, but I have always had my suspicion that there has been a local sore which was overlooked; it may have been in the urethra.

2627. Do you know whether in any of those cases there has been a history of a discharge called gonorrhœa?—In some instances it seems to have been gonorrhœa, and associated with it at the same time probably a syphilitic sore as well.

2628. Do you believe that the poison might be introduced into any part of the body?—Yes.

2629. Do you think it is possible that a woman with constitutional syphilis, the primary sore having healed, but with a secondary sore or excoriation with discharge, might give syphilis to a man?—I should doubt that very much, but I have no facts to adduce.

2630. Would you put aside a woman who had constitutional syphilis?—If you mean would I take them off the town, I should say no, unless

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there was evidence of disease of the genitals; it would of course be greatly for the benefit of the woman to be taken off the town; but so far as communicating the disease was concerned, I do not think there would be any danger.

2631. Do you look upon disease and enlargement of the bones as one of the consequences of syphilis?—Yes; necrosis I think is much more common.

2632. In cases where there has been no mercury given?—In both cases, nodes for example, I consider that that kind of inflammation is induced by this poison.

2633. Do you think that an examination of the men, both in the army and navy, by the regimental surgeon in the one case, or the surgeon of a ship in the other, would be a great advantage to them?—Very great.

2634. Do you see anything derogatory to the standing of professional men in making that examination?—No, I do not.

2635. You do not know why a professional man should object?—No, so far as I can see; men are engaged by the Government to inspect a recruit, and they have to look to every point about the man; and it is, in my opinion, as much their duty to see that a man is in health afterwards just as before he was taken into Her Majesty's service.

2636. *Dr. Babington.* Do you believe that the poison of venereal disease enters the system through an abrasion, or that it finds its way through the mucous membrane as well?—In some instances it must be introduced by abrasion, I believe, and in certain cases it must be imbibed through the mucous membrane. In some of the most distinct cases you see the mucous membrane covering the matter in a little pustule, which is characteristic of the chancre.

2637. What is your treatment of phagedena?—Water dressing, poulticing, and keeping the patient's constitution up with stimulants and tonics, because they are generally in a very low state.

2638. Do you use nitric acid or any escharotic in order to destroy it?—It is destroyed already; but if I saw gangrenous inflammation I should unhesitatingly apply nitric acid, the strongest nitric acid, to destroy the phagedena at once; to kill it at once.

2639. Do you admit the distinction between non-infecting sores and infecting sores, meaning constitutionally infecting; that there is a sore that will not go further than just affect the glands of the groin, and another sore from which you will have constitutional symptoms?—No; I think that you see the constitutional symptoms from the soft sore as readily as from the hard. I look upon the hard as the more severe form of the disease. I have seen secondary symptoms come on after a soft sore.

2640. How long, on the average, will the treatment last for the primary symptoms; or, in other words, when a man comes in with a hard sore, when will he get well?—I think I had better first take the soft sore. It is very seldom, if it is a decided case, that you can expect to get a man well in less than from three weeks to a month or six weeks; that is, a primary sore on the penis. Then if it assumes the character of a hard sore, it may be even longer than that; it may be two months or three months.

2641. Do you think that a hard sore is longer in disclosing itself after intercourse than a soft sore?—I think it is; I believe that the hard sore is very frequently developed by stimulating treatment; that is, by the application of stimulating lotions; there is all the appearance of a true hard sore.

2642. What would be the interval after which you would expect secondary symptoms to appear?—You see great varieties in that respect; three or six weeks; three months, or after six months.

2643. Would you allow a patient to go about in the interval?—Yes.

2644. If he were a soldier, should you consider that he was fit for his duty?—Yes; I would let him go to his duty; if he were in good health I think he could do his duty. You see secondary symptoms break out in persons who, to all appearance, are in perfect health; and I would allow a soldier to perform his duty until the secondary symptoms came upon him, at all events.

2645. *Dr. Balfour.* Do you think that the locality in which a sore occurs, whether on the glans penis, or the prepuce, or the body of the penis, affects its character with reference to the amount of hardness?—I think you cannot draw any very important distinction. You may see a hard sore on the prepuce, or the skin of the body of the penis, and sometimes you see it on the glans penis, more frequently lying just round the corona glandis, between that and the prepuce.

2646. You have stated that you consider it would be a great advantage to have examinations of soldiers for venereal diseases. Will you be kind enough to state what advantage you would expect to derive from them?—In the first place, if you detected a man with the disease, you would prevent him from going loose to produce further disease; then you would prevent him from doing anything which might aggravate the disease in himself. I believe that in many instances buboes might be prevented in that way, and many evils that are associated with the disease might be prevented. You would lay a man up at once having an appearance of the disease upon him.

2647. If you were aware that these examinations of the soldiers were extremely unpopular among the medical officers of the army, and looked upon as one of the grievances in their department, would you consider the advantages to be gained from such examinations sufficient to induce you to recommend the Government to pursue that system, notwithstanding the dislike which prevailed among the medical officers?—I should recommend that there should be a better understanding between the medical officers and the Government; for I think that this is a matter of very great consequence, and I think that that better understanding could be very readily brought about. There are many duties which a man has to perform in life which may be disagreeable, but which are not the less necessary to be done.

2648. *Mr. Quain.* Would it be advantageous to incur the expense of an additional assistant surgeon rather than have a good many men disabled?—Yes.

2649. *Mr. Cock.* Do you frequently meet with indurations without any serious breach of surface, and without any history of a sore?—On the genitals?

2650. Yes.—No; I think that they are almost invariably associated with a sore; but the sore looks very superficial in many of these cases. I think that the mucous membrane is always altered in those cases, and that you can really make out something like an abrasion on the surface, that is to say slight ulceration.

2651. You do not believe that the poison can be imbibed through the mucous membrane?—Yes; I have stated that already; but that has reference to the pustular forms.

2652. You do not think that it will produce those very large indurations when you cannot trace the slightest breach of the surface?—I think that in those cases there has been a sore at one time or other. It is possible, when a sore has healed up, that you may see induration long after the sore has healed up.

2653. There are cases in which the first evidence that the patient has of the disease is the induration; he has never been aware of there being

Mr. Fergusson. a sore?—I think that in such a case as that the person has very likely overlooked it.

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2654. Do you place any confidence in the degree of moisture in a sore? Suppose you examine a sore and you find that there is a secretion not purulent, but a sort of sticky, slimy, mucous secretion, would that at all weigh with you in making a diagnosis as to what the consequences might be?—No, it would not as to the consequences; but it is certain that I should see, under such circumstances, that the sore was by no means prepared to heal, and that there was still an unhealthy action going on. It is one of the first indications of a favorable action when you see something like matter on the little bit of lint that is placed there; if you have only thin serum or muco-purulent matter, that is an indication that the sore will be slow in healing.

2655. You would not judge from that that it was more likely to be followed by secondary symptoms?—No, excepting in this way: I think that the longer a sore remains, the greater the probability is of secondary symptoms being developed, although there may be exceptions even to that.

2656. Do you find that there are many persons who can hardly ever have connection with a woman without a sore?—Yes, from excoriations.

2657. From a redundancy of prepuce and softness of the skin?—Yes, there is a peculiar softness of skin in some individuals.

2658. Have you sometimes removed a portion of the prepuce, or enlarged it, so as to render intercourse more easy?—I have frequently recommended it.

2659. You have no doubt observed that the frenum is sometimes so very short that it is a great hindrance to sexual intercourse?—Yes, and sores which occur in that locality are always more troublesome to deal with than in any other part.

2660. Have you ever seen a hard sore in a female?—Yes, frequently on the labia.

2661. *Mr. Spencer Smith.* In reply to one of Dr. Babington's questions, you stated that the hardness was produced frequently by surgical interference with the sore. Do you think you can distinguish between that hardness and the hardness of true syphilis?—In many instances I think you can distinguish between them. Sometimes a patient comes with the glans in a questionable state of cleanliness; unwashed, with the sore covered by a crust partly of mucus, mixed with black wash, lead, zinc, or other stimulating lotions, one or more of which he has already been using indiscriminately, thereby keeping up a constant irritation of the surface; then by merely desiring the person to go home for 48 hours, and to apply plain water with a little bit of lint, it is purified, and in that way I get the sore into a totally different condition in that time from its having been relieved from constant teasing.

2662. My question was whether you could distinguish between the hardness produced by surgical interference with the sore and the hardness of true syphilis?—I think you must make up your mind that the sore has been in all probability aggravated by the treatment adopted.

2663. There might be as much induration from that as from the syphilis itself, but no distinction perceptible to the eye or to the touch?—Yes. In such an instance as I have given, you have a hard sore arising from irritation, and in the other an indurated sore may have been treated with water dressing, and there you have a clean surface. In that case you will detect the hard sore as being the result of specific disease.

2664. You have nothing but general experience to guide you when you say that it is the induration of syphilis?—No.

2665. Of course the subsequent symptoms would depend entirely upon what it was, and the hardness arising from local irritation would not pro-

duce any constitutional symptoms?—I do not think that the hardness invariably produces constitutional symptoms. *Mr. Fergusson.* 4 Apr. 1865.

2666. With regard to hereditary syphilis, have you seen much of that?—Yes.

2667. You stated that you did not think the action of mercury on the system produced any effect or gave any immunity from constitutional symptoms?—Yes.

2668. Therefore you would not, for the same reason, consider that the children of those parents who had been treated for syphilis with mercury had any immunity?—No; I fancy that those persons might have children born poisoned with mercury as well as poisoned with syphilis.

2669. Have you seen much syphilis among the Jews?—I have seen a fair proportion during my practice in London, but I have occasionally heard this remark, "How rarely you meet with instances of syphilitic disease, or even with gonorrhœa among the Jews."

2670. Do you think that that is due to their particular conformation, or to any moral cause?—I believe it is due to circumcision.

The witness withdrew.

Friday, 7th April, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

James Syme, Esq. (Professor of Clinical Surgery in the University of Edinburgh), examined.

2671. *Chairman.* Have you had opportunities of seeing cases of what is called gonorrhœal rheumatism?—Yes. *Mr. Syme* 7 Apr. 1865.

2672. Do you consider that in those cases the rheumatism is one of the legitimate consequences of the gonorrhœa?—I have always been inclined to think that the means of remedy had much to do with it. I attribute the rheumatic condition to the agents employed. I do not say entirely, but I have always had a suspicion that they had to do with it.

2673. Have you had any evidence before you leading to a suspicion that the gonorrhœa might be a symptom of a rheumatic diathesis?—No; there might be, perhaps, some little oozing from that part, but not a gonorrhœa.

2674. You would not call it rheumatic gonorrhœa, but you would call it gonorrhœal rheumatism?—Yes.

2675. With your large experience of venereal diseases, you must have seen every variety of sore. Can you readily distinguish sores at first sight during their early stages, supposing them to be divided into sores which affect the constitution and sores which do not, or hard and soft sores?—My experience does not lead me to divide them in that way. I

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believe that the variety of appearances in sores depends, not upon varieties of poison, but upon varieties in the constitution of individuals; the constitution, the habits, and the mode of life.

2676. Then an uncertainty must prevail as to the nature of primary sores, and will you state whether negative treatment during the early stages, and throughout, in fact, their primary condition, is not very warrantable or desirable, and whether you would adopt any specific mode of treatment?—It would be merely by the application of some caustic to change the action.

2677. Do you apply caustic indiscriminately to sores?—I do.

2678. At what period?—As early as possible.

2679. How late?—That must depend upon circumstances.

2680. You find sores that are what are called soft sores, and other sores having a deposit underneath them?—Certainly.

2681. Would you apply the caustic to both of the varieties of sores?—As a general rule I should apply caustic to any local sore resulting from the source in question.

2682. Do you judge of sores by the period of incubation, whether it be three days or four days, or from five to ten or fifteen days after intercourse?—With reference to judging, that implies something in view. I do not discriminate them any further than that there are different sores in different constitutions, and there is not a different poison. I do not say that my opinion is infallible, but that is the opinion which I have acted upon hitherto.

2683. Granting all that, you will allow that some sores are placed upon a hard base, and that some are not?—Certainly.

2684. Would you apply what you have said to sores placed upon a hard base?—Yes.

2685. Would you apply it to ulceration and to the induration also?—Merely upon an ulcerated surface.

2686. Have you had opportunities of seeing the same character of sores more than once upon the same person?—No; I have not made any observations as to that.

2687. You would infer, I presume, hypothetically, that a person having a sore in a certain condition of health would have the same character of sore provided the same condition of health remained?—Certainly.

2688. And the treatment you have mentioned is the treatment which you generally adopt, the application of caustic; what form of caustic do you use?—Lunar caustic.

2689. Do you apply it in the stick?—Yes, in substance.

2690. To a great extent?—Not anything more than to produce a change; not as a destructive caustic, not to destroy the texture.

2691. At all events, some of these sores produce secondary disease, and some do not?—Secondary symptoms sometimes follow, and sometimes they do not.

2692. Have you ever made any estimate or calculation as to the proportionate number of these cases?—I never did.

2693. Have you had any means of knowing whether the application of the caustic in the indurated sore influenced in any degree the appearance of the secondary disease?—No.

2694. Your object is to heal the sore?—Yes, as soon as possible.

2695. In one form of sore there is a bubo which is prone to suppurate, and in another it is not so?—I have not made any particular observation to that effect, but it may be so. I should attribute the proneness to suppuration to peculiarities of constitution in the patient.

2696. Do you recognise the disease which is called syphilis as distinct

from all other venereal affections?—I understand by syphilis merely the poisonous influence of the secretions of an unhealthy female.

2697. May I infer from that, that you think, in the case of a sore, it is not the product of a similar sore on the part of the female, or that it is the product of unhealthy secretions?—I do not think that there is a variety of poisons.

2698. Should you look for absolute sores, or merely unhealthy secretions in the female organs, supposing a man to have them, who had had intercourse with her; I mean does one sore come from another, or can anything foul produce a sore?—I think it is doubtful, because, supposing there is any abrasion on the part of the male, then a simple impurity might produce a sore there.

2699. I infer that you do not divide venereal sores, taking them in the aggregate, into those which are syphilitic and those that are not?—No; I never could satisfy myself as to that.

2700. Have you made experiments by inoculation?—No, I never have.

2701. Have you any faith in them?—None whatever. I regard all the serious effects of what is called syphilis, at least with few exceptions, as due to the influence of mercury. I never could see how inoculation could do away with that influence.

2702. And yet if you were convinced that the treatment of syphilitic diseases, where they prevail as largely as they do in the army and navy, is almost universally carried out by minimum quantities of mercury, would not that influence your judgment?—No. Regarding mercury, not in all constitutions, but in many, as a poison, a very small quantity may be sufficient for the purpose. I believe that the modified use of mercury has perhaps done more, or as much harm, as the profuse administration of it.

2703. How do you treat the primary sore?—I treat it merely as a sore, simply as an ordinary production from excitement.

2704. Do you apply cold water to it?—Yes, either cold water or some very mild lotion, nothing further; if it is inflammatory and there is sloughing, then it would be different.

2705. How do you treat the secondary appearances of this disease?—Merely upon ordinary surgical principles; if there is sore throat, I treat it as sore throat, and eruptions in the same way.

2706. What medicine do you give?—Iodide of potassium; but it requires great care in its management, for it seems to me that the iodide, when pushed too far, produces very much the same effects as mercury does, particularly upon constitutions that have come very much under the influence of mercury, and therefore the iodide requires great care in its administration.

2707. In what doses do you give it?—Two grains three times a-day in solution, not continued long, not above a fortnight or three weeks.

2708. Have you found that treatment sufficient to control the cases of secondary disease which have come under your notice?—Yes, unless when mercury had been previously administered.

2709. What difference would that make?—It seems to me that it increases the intensity and obstinacy of these diseases, as far as I have been able to judge; the difficulty is, that all constitutions are not similarly affected by mercury, and the combination which is most destructive is the poison and the mercury in a scrofulous constitution. Those that are salivated with most difficulty are apt to suffer most from mercury, and in two ways: they seem, in the first place, to be more amenable to its bad effects; and secondly, because it has to be repeated over and over again in consequence of the want of salivation.

2710. Were you ever an advocate for the use of mercury, and for the

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use of it freely, like the rest of the world?—No, I cannot say that I ever had any great confidence in it; I did use it at an early period, thirty years ago, in moderation.

2711. Having tested it fairly, were you induced to forego it as an anti-syphilitic agent, and to rely upon simple remedies?—Yes, I think that mercury frequently relieves the existing symptoms of the disease, but it seems to have an effect upon the constitution which exposes the patient to some subsequent attack in a more aggravated form, either in the part originally affected or in some other; and so it goes on, course after course, with progressive deterioration, until that final cachexia is produced, when it is pushed far enough, as we see, not frequently, but occasionally certainly.

2712. Do you use sarsaparilla at all?—Never, not a grain of it; it used to be so much used that people did not like to be without it. I never use it in the hospital in Edinburgh, but in private practice, if people like to take it, there is no reason why they should not have it, for it is said to be a great purifier of the blood. My reason for not using it in the Hospital at Edinburgh was two-fold—it was very expensive, and then if the students saw it used with other means of a beneficial kind they could not disconnect the two, they attributed the advantage to it, and therefore they were induced to go on with it.

2713. Do you attribute that stage which is called tertiary syphilis to the original poison, or to a state of the constitution produced by a succession of attacks; or do you think it is specific?—In my belief it is not; I think that it is owing to the peculiar state of the system, and the treatment which it has undergone. I know that my ideas may be regarded as very unscientific, and not commensurate with the present advanced notions, but such as they are I do not hesitate to express them freely.

2714. There is a branch of this disease called phagedena; have you seen much of that?—Not lately; but formerly, when mercury was more in use, there was abundance of it. I have passed through the period when I saw mercury much given, although I did not administer it to the same extent.

2715. Was the phagedena destructive?—Yes.

2716. Occasionally carrying off the glans?—Yes.

2717. Do you think that it is venereal?—I think that it occurs in an irritable state of the system.

2718. Have you seen it in cases where no mercury has been used?—Yes; in cases of exposure and excitement from cold, and whiskey, or in an irritable disposition.

2719. How would you treat it?—I should poultice it.

2720. Generally, how would you treat it?—That would depend upon the state of the system. If it were in a weak condition I would support it; but if the system were in a different state I would lessen the intensity of the action on the system by prescribing an abstemious regimen.

2721. Have you seen cases frequently of great debility and prostration attending the secondary symptoms of what we call syphilis?—Certainly.

2722. Do you treat that with tonics?—With wine.

2723. Do you ever give steel?—I have no great faith in tonics.

2724. But you give wine?—Yes.

2725. *Mr. Quain.* Have you seen the various joints, without exception, affected in gonorrhœal rheumatism; some in one case, others in another, and so on; for instance the hip joint, in addition to those which are commonly affected?—I really cannot remember particularly, but it is more frequent, I think, in the ankles and the elbows, and the wrists.

2726. Have you noticed the effects of syphilis on persons in after life, and do you believe that it tends to depreciate the health in after

life?—That is a question, I think, of whether it is syphilis or mercury. I shall not say which, but undoubtedly people who have suffered from those two retain through life a peculiarity in appearance, and a proclivity to disease very different from their neighbours. They may suffer from indurations opening out into sores for many years afterwards.

2727. Whether treated with mercury or without mercury?—No, I think there must have been mercury used; I never knew it when there had not been mercury used.

2728. Have you seen a second attack of the constitutional disease: not from a relapse, but from fresh contagion; or do you think that a person can be affected twice?—Certainly.

2729. From fresh contagion?—Yes.

2730. Do you ever give mercury under any circumstances in the constitutional disease?—Only in cases where it has been used before, and where the iris has been affected.

2731. Have you at all turned your attention to the means of preventing the disease in the army or navy, and can you offer any suggestions with reference to the examination of prostitutes?—The most obvious thing, I think, is not to station troops in localities where they are beset with all kinds of female degradation and temptation in large towns and sea ports. In Edinburgh, for instance, the troops are stationed in such a position that whenever they leave the barracks, they must pass through the very worst part of the town, and they are exposed necessarily to all that bad influence. If you wish to prevent it, I think you must take the women under your care, but do not treat them as if they were criminals. I would have reasonable police regulations, in order to ensure that they were regularly examined.

2732. Would you have them sent to a Lock Hospital to be treated for their disease?—Yes, and I would take care that they were supplied with all the necessary means for ablution and for cleanliness, not merely for the man, but the woman; and I consider the importance of that so great, that I would speak plainly upon the subject, so that everybody should know what was necessary to be done.

2733. You think that proper means should be provided for ablution and cleanliness in the army and in the navy?—Yes.

2734. *Dr. Wilks.* With regard to the examination of the men in the army and in the navy, medical gentlemen both in the army and in the navy have been asked whether they approved of it; some have said that they did, and others, although they may have thought it necessary, have expressed a dislike to it, considering it derogatory to their position as medical men. Is it your opinion that it is at all derogatory to the medical men in the army and in the navy to examine the men?—Not at all. I see nothing in it. It is not a pleasant duty, but I see nothing derogatory in it, if it is to do any good. It is a question how far you may depend upon it, because I think that a man with gonorrhea upon him might easily conceal it.

2735. But you think that, if necessary, medical men should not object to making such examinations?—I think that no medical man, if it were thought expedient by those who had directed their attention to the subject, could properly object to making such examinations.

2736. *Dr. Babington.* In the treatment of patients without mercury, do you allow them to go about, or do you confine them to their beds?—That would depend upon circumstances; in ordinary circumstances it is desirable to protect them from the influence of weather.

2737. Have you not found that the simple mode of treatment is long and tedious as compared with a specific mode of treatment?—We have not found it so.

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2738. Is not the period longer than when mercury is used?—I think not. I wish to avoid those protracted stages of the disease that are so serious.

2739. Some of the continental writers talk of a year, and a year and a-half as the time that elapses?—Yes. With regard to syphilisation, and various other plans of treatment, such as the hunger cure, the grape cure, and the sweating cure—in all those cases it is merely the influence of time which gradually does away with the bad effects of the poison.

2740. A great point is keeping the patient quiet, is it not?—Yes, and regulating his diet.

2741. Do you ever use mercury in other diseases?—I have no great affection for it; we use very little.

2742. Have you ever observed the same bad symptoms arise in persons who have taken mercury for other diseases?—No; excepting the local effects upon the gums.

2743. If we are to attribute in syphilis almost all the bad symptoms to the use of mercury, ought we not to find the same symptoms following from other diseases in which mercury has been used?—I cannot profess to explain that. I think that we are all empirics, and it seems to me that it requires a combination of circumstances.

2744. Do you think that an abrasion is necessary on the part of the male to take the venereal disease from a female?—No; the question is, whether a mere impurity could produce it; but if there was an abrasion, then that would be sufficient.

2745. Could not the disease be taken by absorption through the mucous membrane?—Certainly; but the question is whether without a sore in the female.

2746. But I mean with a sore in the female. Assuming that, could the male take the disease without having an abrasion?—Certainly. I have no doubt about it—through the mucous membrane.

2747. Have you ever extirpated a sore in its early stage with the knife?—No, on the contrary; for instance, when the prepuce is contracted. I have always a great objection to cutting, it seems to me to be better to cure it than to do that.

2748. Have you not sometimes found the prepuce so formed that a quantity of dirt accumulates under it?—Yes; and in that case it may be necessary, particularly if it is congenital; but I have always avoided it as much as possible.

2749. Have you observed whether the Jews are less liable to take infection than other people?—It is probable, but I have not had sufficient opportunity to make any observation upon it.

2750. If that were so, an operation for phimosis would be useful?—No doubt; and, as a means of protecting the soldier and the sailor, there is no doubt that if they were circumcised they would be less exposed to risk than they are.

2751. Have you any notion of the average time that it takes to cure the disease?—I cannot venture to say.

2752. Have you made yourself acquainted with the Contagious Diseases Prevention Act?—I am ashamed to say that I have not.

2753. *Dr. Balfour.* Referring to the answers that you have previously given as to syphilis, do you consider that there is a specific virus which produces the constitutional disease?—There is no doubt that there is a poison.

2754. You do not, I think, acknowledge the duality of the poison. You think that different sores are produced by the same poison?—I do.

2755. With regard to the inspection of soldiers, if you were aware that the duty of inspecting the men for the venereal disease once a-week by the medical officers is considered to be one of the grievances of the Army Medical Department, and is very much objected to by the medical

officers, would you consider it advisable to recommend the Government to re-introduce that practice into the service?—No; if it were so, and if the medical officers had a strong objection to it, I should be very sorry to force it upon them, for I think that you might inflict a penalty upon a soldier for concealing the disease, and subject him to some inconvenience for doing so. You might fine him, or punish him if he concealed it, and the object might be accomplished in that way just as well. *Mr. Syme.* 7 Apr. 1865.

2756. Do you think it advisable, in the event of inspections being again resumed, that the steady well-conducted soldier should be inspected regularly once a-week, the same as the irregular and unsteady man?—I do not recommend these inspections. What I said was, that if the constituted authorities consider them right and proper, then I do not think that the medical officers ought to object to making them. If I was one of the constituted authorities, I should not be inclined to direct these examinations to be made; but I think that the great duty of the medical officers is to protect the health of these men, and if it is right to do that, then they should not refuse to examine them. It would become a serious matter for consideration, whether those who gave such an instruction should give it without considering whether it was likely to do good or to do harm. I consider that that is a very important matter for the consideration of those who have to lay down rules upon the subject.

2757. *Mr. Cock.* I think you have stated that you have frequently applied lunar caustic to sores?—Yes.

2758. Have you any reason to believe that such treatment of the sores has ever averted the secondary symptoms?—Yes.

2759. And that the sores, instead of becoming unhealthy, have taken on a healthy action, and have healed like simple sores?—Yes, that is my impression.

2760. Do you believe that, by destroying the entire sore, until you get to the healthy cellular tissue, by applying pure nitric acid to it, and rubbing it over with caustic afterwards, you might often prevent a sore from producing constitutional affections?—My opinion would be entirely theoretical, I have had no experience.

2761. The ulceration produced by the caustic heals very rapidly generally, and, therefore, the operation is not one of a very severe character?—No; but I cannot speak from experience as to that.

2762. Have you found in many non-infecting sores, where there has been a very faintly marked circumference about the sore, and where it has been inclined to spread, that by applying caustic in a liberal manner you may convert it into a healthy sore, which heals very fast?—I have found that in the phagedenic sore caustic potash is more usefully applied very gently.

2763. Then you approve of the escharotic plan?—Yes.

2764. *Dr. Donnet.* What is your treatment of gonorrhea?—I think that in gonorrhea, generally speaking, it is better to treat it as an inflammatory complaint, and not to interfere with it too much till the pain and other symptoms have subsided, then to use some mild injection, and to treat it as a local disease with local remedies. I cannot doubt that great benefit has resulted from the use of cubebs and copaiba, but at the same time I have often seen mischief follow the use of them, the stomach has become deranged and a bad condition has resulted. I think, therefore, that upon the whole the safer plan is to allow the inflammatory symptoms to subside, and then by some gentle astringent to check the discharge.

2765. You believe, I think, in the unity of the poison. Do you think that the poison that produces gonorrhea is similar to that which produces venereal sores?—I do not.

2766. Have you seen the venereal sore attacked with erysipelatous inflammation?—No; I do not think I have. I have seen it attacked with diffuse inflammation, either the suppurative or the gangrenous, but I do not recollect having seen the other; the gangrenous or erysipelatous scrotum I have seen.

2767. I am speaking of a syphilitic sore?—Yes; I have not seen that.

2768. Do you think that if the disease was left to itself it would wear itself out?—Yes.

2769. *Mr. Spencer Smith.* Do you think that the locality on which the sores appear, affects their character as to hardness?—I think it is probable, but I cannot say from any sufficient observation that it is so; there are sores upon the skin and sores upon the mucous membrane.

2770. As a matter of reading and reflection, do you believe in the spontaneous propagation of syphilis?—May I ask what the meaning of that is?

2771. What are your views as to the origin of syphilis. Do you believe that it can be produced spontaneously?—I have always had a great suspicion that it was rendered serious by the mercury.

2772. Irrespective of that, do you believe, that under favoring circumstances, such as dirt, want of cleanliness, and a disproportion of men to women, a disease like syphilis can be engendered?—Yes, I believe so; but still it is mere matter of opinion.

2773. Do you believe that a woman who has no appearance of disease about her can infect a man and produce a sore?—I have repeatedly met with men in whom it was distinctly traceable to a female, through the proceedings of the accoucheurs, who use speculums, and are not careful in cleaning them. There is no question that disease is communicated in that way; but at the same time, making all allowance for this, I think, if there is a purulent discharge from a female—from leucorrhea—that it may produce runnings.

2774. In a male?—Yes.

2775. Would you admit that the secretions of a female may be so acrid and so unhealthy as to produce a sore?—I believe so.

2776. Do you believe that in any condition of foulness, a woman is capable of producing any variety of venereal disease in a man having intercourse with her, under favoring circumstances, excepting gonorrhea?—I should not think that it could produce anything beyond gonorrhea. I do not think it could produce that which is called syphilis.

2777. Would it not produce a soft sore?—It might, but I do not know; I cannot say anything against it.

2778. Do you place faith in the history of the introduction of syphilis into Europe, namely, at the siege of Naples?—It seems to have attracted attention particularly at that time, but whether it began then I do not know; I think that if mercury had not been used we should not have heard so much about it.

2779. *Dr. Babington.* Do you recollect ever having seen a case of syphilis in a person suffering from cancer?—It is very likely that I may have seen such a case, but I cannot recall a case of the kind. I should think that a cancerous diathesis would rather be in its favour; a cancerous diathesis is generally implanted in a scrofulous diathesis in early youth. People suffer from this in their youth, and in advanced years they suffer from cancerous diseases; some people having the one are most prone to the other.

2780. *Mr. Spencer Smith.* Judging from the view which you take of the disease and its pathology, and the treatment you adopt, I conclude that you rather incline to the opinion that the whole subject has been rather over-elaborated of late years?—Most thoroughly.

2781. *Chairman.* Is there any further remark that you desire to make to the Committee upon that subject?—I think that the refinements and the division of the local sores, and the varieties of them, and the modified administration of mercury for their cure, have done an infinite deal of mischief. *Mr. Syme.* 7 Apr. 1865.

2782. You would rather abrogate the system altogether?—Yes, and treat the disease on very simple principles.

The witness withdrew.

Tuesday, 11th April, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Samuel Armstrong Lane, Esq. (Surgeon to St. Mary's Hospital, and Consulting Surgeon to the Lock Hospital), examined. *Mr. Lane.* 11 Apr. 1865.

2783. *Chairman.* How many years have you been connected with the Lock Hospital?—About 20 years.

2784. As acting surgeon, or consulting surgeon, or both?—As assistant-surgeon for about 10 years, and acting surgeon or full surgeon for about 10 years. For the last 4 or 5 years I have been consulting surgeon.

2785. During that time you have had large opportunities of seeing the venereal disease in all its forms?—Certainly.

2786. I need scarcely ask you whether you recognise the constitutional disease known as syphilis?—I do.

2787. Do you recognise the two forms of the primary sore marked by the soft and the hard characters?—Yes, I recognise those. I should say that the soft chancre is the proper type of the syphilitic sore, and that the hard chancre, the phagedenic sore, and sloughing sore, are deviations from the soft chancre, that being the proper type of the venereal sore. I would add that I consider the primary sore a local affection, and that the constitutional disease depends upon the continual absorption of the poisonous matter of the original sore.

2788. I understand, from what you have already stated, that the type of the disease is the soft sore; but may I say that you are an opponent to the duality of venereal poisons?—Yes, I am an opponent to that. I consider there is but one poison.

2789. Will you be good enough to explain to the Committee your views upon the constitutional results of the hard sore and the absence of constitutional affections after the soft sore?—The indurated sore I believe to be most frequently followed by secondary symptoms, but not always; and I believe it is because the inflammation which accompanies this more

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poisonous sore terminates in a deposition of lymph which is fixed in the part, and therefore cannot be got rid of by ablution, or by detergent applications of any kind, and that this poisonous lymph must be absorbed into the system. I believe that to be the reason why the indurated sore is more commonly followed by constitutional disease.

2790. Now, take the negative of that, or rather the positive of the other view, and say how it is that the soft sore does not produce secondary disease?—In the first place, I believe that it does produce secondary disease, and that it is not very infrequently followed by constitutional affections. I believe the reason why it is not so frequently followed by constitutional affections as the indurated, is,—firstly, that the poison is produced on the surface mixed with pus, which can be wiped away, and is wiped away by different applications; and, secondly,—that the poisonous matter can also be there neutralised. Use any application which will coagulate albuminous matter and you destroy the poison, therefore there are several means by which the poison, as fast as it is formed, can be carried away; but in the indurated sore you cannot carry it away—there it remains in the tissue, and as the blood circulates through it, it gets contaminated.

2791. When you say, in the case of a soft sore, that the poison is carried away, do you allude to surgical applications in the form of dressings, or do you mean to say that the escape of the pus from the sore itself removes spontaneously, as it were, the source of infection. Does it depend upon surgical treatment or on spontaneous and natural changes?—It depends greatly upon local treatment. So strongly do I think so, that I should recommend that a poison-producing sore should be dressed frequently, every two or three hours, more frequently than is usually adopted, in order to carry off the poison and prevent the absorption into the system of the poisonous matter continually produced by the sore.

2792. If there is the same facility for escape from the system of the poison, how do you account for it that in some cases the soft sore does produce secondary symptoms and that in others it does not?—My view is, that in all cases some poison must be absorbed, and that the doses daily absorbed into the system become cumulative, and that at last a sufficient quantity of poisonous matter is received into the blood to show, by external signs, that the system is contaminated.

2793. Have you observed any important distinction in the intensity of the secondary disease following the soft and following the hard sores; are they of the same character?—I should say, as a general rule, that the soft chancre in a young and healthy person is followed by the mildest eruptions and the mildest affections of the throat—I mean the exanthematous eruption and the superficial ulcers of the throat. In the indurated chancre, I am certainly more in the habit of seeing the papular and even the tubercular eruptions, but certainly the papular and scaly eruptions, than after the soft chancre. I do not mean to say that that is constantly the case, for I have seen tubercular and scaly eruptions after the soft chancre, and I have seen exanthematous eruptions and superficial ulcers of the mucous membrane of the mouth after an indurated chancre. I have seen more frequently the milder kind of secondary symptoms after the soft chancre than after the indurated chancre.

2794. How do you account for the remarkable difference in the period of incubation in the two sores from the moment of intercourse to the period of development?—I am not so much inclined to admit the great difference. The indurated sore altogether is of slower action from end to end than the soft chancre. I believe that a great deal depends upon the locality in which the poison is deposited, whether there shall be more or less of induration.

2795. Is there not, in the first place, a very different period of incubation in the two sores; secondly, what have you found that period to be in the two kinds; and thirdly, how do you account for the difference, if they are two different poisons?—I set out with the notion that there is but one poison. With regard to the period of incubation, I have most frequently observed it after inoculations in the soft chancre; it is very difficult, except you do inoculate, to be able to observe, under your own eye, what goes on in the first few days or even weeks. I am not disposed to make the great difference that others have in the period of incubation between the two sores, but if I made any difference, it would be to give a shorter period of incubation for the soft or suppurating sore than for the indurated sore. I am not prepared to go further than that.

2796. What difference do you think there is in point of time?—I do not admit that there is any incubation at all in the soft sore; what is called incubation I do not recognise, I do not like the term. Even in the indurated sore I think that the action begins immediately the poison is really inserted, but that the action is exceedingly slow upon the tissues; in the other it is evident from day to day, but it is not so evident in the indurated sore.

2797. What do you mean by inoculation?—Transferring the poison on the point of a lancet from a poisonous sore into some other part of the skin of the same individual.

2798. What is the result of such inoculation?—It produces, as a pretty general rule, a similar sore, very similar if in the same individual and on the same texture, but not always similar if it be on a different texture.

2799. Can you inoculate on the same person with the matter of a hard sore?—If a sore be very indurated and produces no secretion, you will have great difficulty in inoculating from it; but apply anything that will produce suppuration, the slightest stimulant, and as soon as you get matter, you can inoculate from that as well as from a soft sore, but when you have no matter you cannot do so.

2800. That is to say, the lymph or the serum would suffice to convey the poison to another surface of the body?—Not as a general rule; but as soon as you see pus upon the hard chancre, you can easily reproduce it; you can inoculate from it.

2801. Have you seen induration without ulceration?—Yes, I have.

2802. Under those circumstances you would require to destroy the surface to produce pus?—If you wanted to inoculate from it you must.

2803. To come to the groin, is there not a great difference in the condition of the glands of the groin in the two forms of sores?—Not so great as has been of late stated, as far as my experience has gone. I admit that with the indurated chancre, most frequently the glands of the groin will be indurated, but they do not generally suppurate—in many instances they do—I will not say in a majority of instances.

2804. As a rule, there is suppuration with the soft sore?—I should say yes; but there are many cases of soft chancre in which the inguinal glands are affected, and where they do not suppurate; there are many, but I do not say the majority.

2805. It is pretty well known to us all that when the inguinal glands are indurated and there is a hard chancre, it is as though the glands were enlarged, you can pass your finger round them, they are insulated and hardened. Have you observed, when there has been enlargement of the glands of the groin and a soft chancre, that there is generally a tumefaction about the glands, not involving the glands alone, but the tissues around them?—Yes; when a soft chancre produces a bubo that is to suppurate, you then get the superficial textures involved in the inflammation, and at

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last, of course, the matter forms and is brought to the surface. You may get the same thing after an indurated chancre, and if the bubo happens to suppurate, you will find that the surrounding textures will be implicated in the inflammatory action, and you will find a more uniform swelling before it softens into matter.

2806. Is there not also a marked difference in the form in which the soft and the hard sores first present themselves to the eye of the surgeon. Is it not a pustular origin in the one case, and non-pustular in the other, with a red raw surface assuming no special form?—It is by no means always so. A sore may begin with a pustule, and you may find a little ulcer on removing the raised cuticle, but you do not know whether that will turn out to be a soft suppurative sore, or whether lymph will be deposited in the surrounding texture, that is to say, whether it will be an indurated sore, or whether it will become a soft sore.

2807. Do you believe that a sore which may present itself early in the form of a soft sore may, in the course of time, become a hard sore?—Yes.

2808. Is not that very uncommon?—Not very uncommon; in about the second and third week it may show induration.

2809. Showing induration, do you look, with anything approaching to certainty, for secondary disease?—It makes me always more suspicious of secondary disease, but it does not make me look upon it as a certainty.

2810. If a soft sore went through its stages without exhibiting any remarkable signs of irritation, should you, as a rule, look for the absence of secondary disease?—I should never feel certain.

2811. I presume you would consider your patient unsafe?—Yes; that is what I mean.

2812. I rather infer, from what you have stated, that you would, as a rule, look upon a soft sore as being accompanied with exemption from secondary disease?—Yes, as a rule.

2813. Are there many exceptions to that?—Yes, many exceptions.

2814. Do those exceptions bear any relation to the magnitude and the activity of the primary sore; if the sore be large and active?—No; I believe it depends entirely upon the amount of the matter produced by the poisonous sore which is allowed to be taken up into the system, and you can lessen that by treatment. I believe that if a certain amount of it is taken up into the system, and the secretory organs generally are healthy and active, that the person will not have secondary symptoms. If, however, the quantity allowed to be taken up is great, and the excretory organs are not in a healthy or active state, but inactive, I believe that the person will have constitutional disease following a soft sore.

2815. What influence do you think the excretory organs exercise?—I believe that we must depend upon them for turning any poison out of the system, eliminating the poison—the skin, the kidneys, and the mucous surfaces generally.

2816. What is the proportion of the two forms of sores, and their relative frequency?—I should think one hard to eleven soft; but I should qualify that, because, if I were speaking of the female alone, more rarely still do you meet with an indurated sore.

2817. There is a class of sore with which the profession is tolerably familiar; it is called the parchment chancre; do you recognise such a disease?—I understand by that, an adherent secretion on the surface resembling parchment. I have seen such cases.

2818. You recognise, I presume, different degrees of induration in sores?—I have seen a very great difference in the degree of induration.

2819. From simple thickening up to a hard cartilaginiform deposit around?—Yes.

2820. Which of those should you consider the most likely to be followed by severe constitutional symptoms?—The more indurated; where there was the greater mass of induration.

2821. What form of eruption should you deem the most severe?—The ecthymatous eruptions, if you speak only of the skin, unless you take in rupia, which I should not myself class with the venereal constitutional symptoms. I should look upon it as one of that group of symptoms which have been called tertiary, but which I rather prefer to call the cachectic; but if you exclude rupia, I should say the ecthymatous.

2822. Do you think that sores produce their like from one sex to the other, as far as you have ascertained?—No; I should say not. I believe that you can produce a soft chancre from an indurated one, and that you can produce an indurated chancre from a soft one, just depending upon the constitution of the individual; it also depends a good deal upon the locality.

2823. Do you say that the character of the sore, or the type of the sore, partakes of the peculiarity of the constitution of the individual, as a rule?—Yes.

2824. That is to say, that a man who, after intercourse, has a hard chancre, will in the same condition of health generally have a hard chancre?—Yes; generally. I have no notion that a man can take a phagedenic sore, if his constitution is healthy, from a female having a phagedenic sore.

2825. Have you ever treated the disease by excision in the early stages?—Yes; but I cannot say very often.

2826. Has it found favor in your eyes?—I have removed two or three indurated masses from the prepuce with the hope of preventing secondary symptoms. They had existed for a month, but after the excision, although no sore returned on the prepuce, secondary symptoms did follow. I have seen more than one instance of this, but the one to which I have just referred, made a marked impression on my mind.

2827. Have you formed any opinion as to the period within which the constitution becomes involved, how soon after intercourse?—I think that it varies in every individual case, according to the quantity or dose of the matter that has entered the system; therefore it may be in two months in one individual, and not for three or four, or five or six, in another.

2828. Do you consider that when the deposit first occurred round the original sore, the constitution was even then involved?—I do not think so. I know that many persons do; but I believe that that matter must be absorbed and taken up into the system before the constitution is involved.

2829. Entertaining the opinions that you do, I am rather surprised that you have not excised these indurated masses more frequently than you have?—Perhaps it might have been better if I had done so.

2830. Do you believe that if a man had, say, induration of the prepuce, the result of intercourse a month before, which induration had been there for ten or twelve days, that if that were all scooped out with a knife, you would get rid of the disease?—In the case to which I have referred, it was too late; there was too much already absorbed into the blood. It must in such a case be very doubtful whether you have done it in proper time, or whether you have not left it too long, and that is one of the objections to the practice.

2831. How do you treat the soft sore?—In the case of the soft sore I should depend more upon local treatment, but I should not altogether neglect constitutional remedies. In the soft sore I should enjoin frequent ablution, and I should use lotions which coagulate albuminous matter, such as solutions of alum or tannin, or any spirituous application, the

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bi-chloride of mercury lotion, a weak one, and remedies of that kind; but perhaps I ought to have said that in a case of soft chancre, if I saw it for the first three, four, or five days, my treatment would be at once to use escharotics. I believe the best possible treatment to be by escharotics at this early period, and for this simple reason—it is my belief that the system does not get contaminated except by the absorption of the matter produced by the sore. If an individual had a poison-producing sore, I should resort to escharotics during the first five days, but after that it would be more difficult to do so with success. If I treated it after that period, I should use the remedies which I have just mentioned, with frequent dressings every two or three hours, with frequent ablution, using as applications some lotions that would the least irritate, but at the same time certainly coagulate the albumen, and thus render the poison inefficient immediately it is formed, so that there should be nothing poisonous to be absorbed into the system, and I endeavour thus to guard the system from contamination. That is my object in the local treatment of the suppurating or soft chancre. I should, at the same time, and I do generally, give small doses of mercury, and I had better state why. It is because some poison must be continually absorbed, inasmuch as the poison cannot remain in contact with the living surface without its being absorbed more or less. The excretory organs, without any assistance from mercury when healthy, are very active, and if the absorption of matter is not great, their action is sufficient to prevent the constitution being affected; but I believe that the administration of the mercury increases all the secretions and excretions, and that a person with a soft sore, who takes a small quantity of mercury, is less liable to constitutional affections than he would be without a mild mercurial treatment, and for the reason that I believe it makes the emunctories more active in their duties in purifying the blood. As to the hard sore, I should destroy it for the first five days. I might use escharotics at a later period, or I might wish to destroy it by excision or otherwise, but I should depend more upon constitutional treatment, and have less faith in the lotions and the ablutions than in the soft chancre; still I should very likely use pretty nearly the same applications. I should not think of changing them so frequently, I should think that useless; but I should feel that the only way of healing the sore —I will not say the only way, but by far the best plan to adopt to promote the healing of the sore—would be to give mercury short of salivation, but to the extent of slightly affecting the gums.

2832. What do you think mercury does in the system?—I do not believe that it does anything beyond exciting the several organs, to increase their secretions and excretions. If the salivary glands are affected that is an additional emunctory; if you apply a blister on the surface of the skin, and you get a good discharge from it, that is an additional means of getting the poison out of the system.

2833. You do not entertain the opinion, that it possesses any specific influence over the poison of syphilis?—I do not believe that it does. If you take mercury away from me, I use then the remedies that I have most faith in, as acting generally on the excretory organs.

2834. Have you had any experience of syphilisation?—Very little; but I have no doubt in my own mind that the power of producing or generating the venereal poison in every individual is limited. I come to this conclusion from Sperino's writings, and Boeck's, and those of Auzias Turenne. I have no reason to doubt their word, and I am quite convinced that what they say is true, as to the facts. Their inferences I do not altogether agree with, but, as to the facts, I have no doubt that you may exhaust the power in any human being to produce the true syphilitic poison. I mean that individuals may be rendered no longer

capable of producing the poison, and that is what is meant by, in ordinary terms, being susceptible of it, they cannot any longer produce the poison, their power of doing so is exhausted completely, but only temporarily; the material that you take out of the blood to form the poison is all exhausted, but it may be replaced again in a year or two. Therefore, I have no faith in syphilisation as a remedy against syphilis, nor have I any faith in its permanently producing immunity from the syphilitic poison. The fact is the same, as in the vaccine poison or in small-pox; here, a few inoculations will exhaust the power in an individual of producing the poison, but the material that is required to generate the poison of small pox or the vaccine poison is not so readily replaced. It may be reproduced in seven, ten, or twenty years, or perhaps never sufficiently to allow that person to generate any of that particular poison. The same thing takes place with syphilis, but the material that is required for the production of the syphilitic poison is more plentiful, and after it is taken out of the system is more easily replaced.

2835. Is there any analogy between the difficulty of maintaining the purity of the vaccine matter when it passes through a large number of individuals, and the other?—In both instances I believe that it depends more upon the individual; if you get the poison inserted in a person, and if that person has in his system the material that is required to reproduce the poison, you will get it.

2836. One might infer, from what you have stated, that you would be an advocate for syphilisation. You have faith in it as a principle, but it is not a permanent one; a person would outlive it, but for the time being it might exercise a salutary influence?—Yes; but I think that the remedy is a great deal worse than the disease. I repeat, I believe that the power of producing the venereal poison can be exhausted in every individual, if you persevere in syphilisation.

2837. So that no man, after a term of years, can have immunity from a second attack of syphilis?—No.

2838. Have you used the iodide of potassium largely?—Yes, I have.

2839. Have you great confidence in it?—Yes, in cachectic cases.

2840. Do you believe in tertiary symptoms as the direct product of the venereal poison?—In the cachectic state, designated tertiary symptoms, I do not admit that any poison remains in the system; it is the state of the system left after the poison has been through it and damaged the tissues and textures, and probably the blood itself.

2841. In speaking of preventive agents, of course ablution is one of the most prominent; do you consider that if soldiers, for instance, after intercourse, were to resort to ablution within one or two hours, they would succeed in all probability in escaping the disease?—Yes; if there was no abrasion.

2842. Does the matter get in always through an abrasion?—If there is an abrasion in any way the man would have syphilis notwithstanding the ablution.

2843. Can the matter be imbibed through the mucous membrane as well as through an abrasion?—Without abrasion, I think that the matter, where there has been no ablution, remaining in contact with the semi-mucous surfaces, would contaminate and be followed by a sore.

2844. Would the ablution protect the individual, provided he had no abrasion?—Yes, and especially if he used any lotion that would coagulate albuminous matter.

2845. Supposing that in the army and in the navy the men were subjected to periodical ablution, and that the practice was more common, do you think that that would protect the soldiers and sailors against the disease?—I think that ablution after intercourse would protect all

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2846. I am speaking of ablution as a habit?—I do not think that that would be a preventive, excepting in those cases where the individual had been exposed to the poison, and, for want of cleanliness, had allowed it to remain there.

2847. *Dr. Wilks.* You have stated, I think, that you recognised the constitutional disease known as syphilis, and that it was due to the introduction of poison into the system?—Yes, to poison taken up from the sore of the individual himself.

2848. Might that poison be introduced into any part of the body?—Perhaps I do not quite understand your question, but I do not believe, without you take great trouble, that you can inoculate the constitutional disease.

2849. Can a primary sore be on any part of the body besides the genital organs?—Yes, on any part of the body.

2850. Then constitutional syphilis is not necessarily a venereal complaint, I mean a sexual complaint?—No, certainly not.

2851. When you see a sore on the genital organs you cannot tell for some time whether secondary symptoms will follow or not?—I do not think you can in any instances with certainty tell, and this whether it be an indurated chancre or a non-indurated chancre that is under observation. I have seen an indurated chancre not followed by secondary symptoms, and I have seen many non-indurated chancres which have been followed by secondary symptoms.

2852. You have stated that you believe the same sore in a woman would produce in two different men, one sore that would produce constitutional symptoms and another that would not; have you any facts bearing upon that?—I will state again what I stated before. I believe that two men may be affected by the same woman, and from the same sore on her, one of them may have an indurated chancre and the other a soft chancre, and that the man who has the indurated chancre, from some peculiar state of the constitution, or from the action of the poison, is more liable to have secondary symptoms. I have also stated why, that the inflammation accompanying the one has produced an effusion of lymph in the surrounding tissue, which cannot be washed away or removed by any applications, and that it must therefore be absorbed; I look upon it as poisonous lymph, and that therefore the whole of the poison produced from that sore is very likely to be taken up into the system.

2853. I will take your own simile of the small-pox. If a person is inoculated with something and no small-pox follows, why should you say that the matter of the small-pox had been inserted, unless you knew its source?—I should not know at all in that case.

2854. You have stated that a person may have a sore with no constitutional symptoms following, and yet you believe the poison is there?—Yes; because to contaminate the system, I believe that the poison must be absorbed and taken up into the blood in large quantities from day to day, and become cumulative; it must be to a given amount; like the dose of every other poison, there must be a particular quantity of it to produce its effects.

2855. You have no facts to show that the sore which does not produce constitutional symptoms is of the same kind as the other?—No; I think as to different sores in different individuals, that the state of their excretory organs, whether they have been treated in one way or another, makes a great difference in their liability to constitutional disease, and I

believe to a great extent in the preventive effects of treatment as to secondary syphilis.

2856. I understood you to say that induration was due to the position of the sore?—I think that in certain positions lymph is more readily thrown out. In the cellular tissue, where it is loose, if lymph is once entangled there you cannot remove it, you very seldom get an indurated sore on the arm, or where the skin is thin, but you do where the cellular tissue is loose as in the prepuce and labium.

2857. Have you ever seen secondary syphilis in cases where there has been neither induration in the primary sore, nor induration of the cicatrix afterwards; no induration of the bubo?—Certainly, frequently; the poison does not even always produce either a soft chancre or a hard chancre; in some rare instances the poison scarcely does more locally than produce a little excoriation, and a small sore that no one would call syphilitic, and which heals in five or six days, yet occasionally some such cases are followed by secondary symptoms, but they are very exceptional. I happen to have one under my own eye at the present time, and under the eye of another surgeon, who brought the patient to me, and both the patient and the surgeon have declared that there was nothing but a mere abrasion, and it healed in some six or eight days without any mercurial treatment, or specific treatment of any kind.

2858. I think your opinion is, that the poison is reproduced, not merely that the original poison is introduced into the system, but that while it is going on it is increasing day by day?—Increasing in this way, that more and more of it is being daily formed and absorbed, and when once in the blood I believe it has the power there of increasing.

2859. Did I rightly understand you to say that you had seen an indurated chancre without secondary syphilis?—Yes.

2860. What is your opinion as to constitutional syphilis being contagious?—I believe if you want, as an experiment, to propagate the constitutional disease, you must take a great deal of trouble to do so. You must have the secretions of the person affected, repeatedly or continuously applied to the individual you are trying to infect.

2861. Have you had any cases which would show that?—I have seen, and I think almost all surgeons have, several instances of persons marrying who had previously suffered from secondary syphilis, but who thought they were perfectly well, and where after cohabitation the wife has manifested secondary syphilis without ever having had any primary symptoms at all.

2862. Should you think it quite right to include women with constitutional syphilis with those who had primary sores in a Lock Hospital?—Yes.

2863. Do you think that a man, under similar circumstances, could give it to a woman?—Yes, I do. I do not believe that a woman with secondary syphilis would disease every man who had connection with her; but if she cohabited continually with one individual, that individual would at last become affected; and, as far as I have seen, the converse of that is also true, taking a male as the person affected, he cohabiting with one female, is almost sure to contaminate her blood.

2864. Have you seen constitutional syphilis without any sore at all?—In addition to the cases just alluded to, I have seen constitutional syphilis where I could trace no history of a primary sore; but I have always thought that there must have been some mistake, or some oversight.

2865. Has there been any history of gonorrhea in most of those

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cases?—I have never been satisfied that gonorrhea has been followed by secondary symptoms; that is, gonorrhea alone. I have always been unable to account for the occurrence; there must, in my opinion, either have been a concealed sore, or it must have been from the person getting the constitutional disease from another who had it. Knowing that these two things are possible, they are quite sufficient to account, in my mind, for all the cases which I have seen of supposed constitutional syphilis as a sequel of gonorrhea.

2866. *Dr. Babington.* Have you ever seen the soft sore and the hard sore in the same individual at the same time?—Yes, I have.

2867. How do you account for that?—I have never seen it, excepting when the locality has been very different. I have inoculated from an indurated chancre upon the same individual, and that has produced a soft sore, but then it was on a different part.

2868. If I understand you rightly, you consider an indurated sore to be dependent upon the constitution of the person who has it; that is to say, it is the constitution of the person which determines whether it will be a soft or a hard sore?—Yes, or rather whether the inflammation caused by the insertion of the poison terminates in adhesive or suppurative inflammation,—in the deposition of lymph or of pus.

2869. In that view, you would not expect the same individual to have both, for either he would have a bad constitution or a good one?—Yes; but in a given constitution, which you started with, the locality will make the difference.

2870. Have you ever seen a hard sore, or are they frequent in women?—They are not frequent, but I have seen them, especially on the external labia.

2871. May the sores found in women be found on all the internal parts of the organs of generation?—In various parts.

2872. How high up?—As high as the os tincæ itself.

2873. Commonly?—No, very rarely indeed; but I have seen them. The poison is necessarily removed from the male organ before it reaches the os tincæ.

2874. Do you consider the contagious matter of gonorrhea to be the same as that of syphilis?—No; I consider them distinct.

2875. I think you stated that a woman or a man, having secondary disease, can impart that, without any primary sore, to the person with whom she or he cohabits?—Yes.

2876. Can you not inoculate the matter of the hard chancre by means of the blood it contains?—I do not think you can; I am not aware that you can; I have never tried to do so.

2877. How long, on the average, will a patient be under treatment for syphilis, take the primary symptoms first?—I should say, on the average, thirty days, or a month. A longer period for the indurated sore than for the soft sore.

2878. How long for the secondary disease?—That is a more difficult question to answer.

2879. How many months would he be under treatment to get rid of the secondary symptoms?—In the majority of cases two or three months; but perhaps there may be some cases in which you never succeed.

2880. Do you confine your patients to bed as much as you can during treatment?—No.

2881. If you could do that, do you think it would be advantageous?—Yes; I think so.

2882. The patient would get well sooner?—Yes.

2883. What is your treatment of gonorrhea?—First of all, in the inflammatory stage, I should endeavour to allay the excess of inflammation,

and then I should depend principally upon the balsams, copaiba and cubebs, and least of all upon injections in the male; still I should have recourse to injections in many instances. I have more faith, perhaps, in difficult cases, in combining the administration of the balsams together with the use of injections.

2884. Have you observed rheumatism to follow gonorrhea?—Yes.

2885. Has that rheumatism been marked with any particular character?—I have seen it cripple a young man completely in the knees and other joints.

2886. Has it been synovial rheumatism?—Generally the fibrous tissues have been more affected; but I have seen synovial inflammation. I think that the other textures of the joints get affected as well.

2887. What is the character of the gonorrhea that produces it?—I am not aware that there is any particular form. I believe it depends upon the constitution of the individual. I have known this to occur, that whenever an individual has once suffered from gonorrheal rheumatism, if he again contracts the disease he has had rheumatism afterwards; and if he gets repeated attacks of gonorrhea, he is almost sure to have rheumatism again and again for the third and fourth time.

2888. Do you consider that swelled testicle has anything of the character of rheumatism which affects the fibrous tissue?—I do not think it has.

2889. Do you ever see sore throat after gonorrhea-efflorescence?—Never, excepting when the balsams have been given, that I can recollect.

2890. When you have used escharotics to get rid of a sore, has health followed very quickly, with no ulterior effects?—Yes, as far as I could judge, but there was always a doubt whether it was really a poisonous sore or not.

2891. But many persons have got well under that mode of treatment?—Yes, without any after results.

2892. *Dr. Balfour.* I think you stated that there was a considerable difference in the period within which the hard and the soft sores develop themselves?—No; I am less inclined to say so than I know many other surgeons are; in fact I would rather explain it in this way, that the hard sore and the soft sore both begin immediately the poison is fairly inserted: but the hard sore increases very slowly, and as the induration goes on you may be hardly able to make out a distinct venereal ulcer for a fortnight or three weeks, whereas in the other, the changes go on more rapidly, and at the end of a week you may be sure almost whether you have a poisonous sore to deal with or not.

2893. To what cause do you attribute the difference in the period of development in the two sores?—I should refer that as well as the other differences of the two sores to peculiarity of constitution. I know of nothing else to account for it.

2894. You would not attribute it to any difference in the two poisons?—No, because I have seen them reciprocally produce each other.

2895. If I understand you rightly, you consider that the development of secondary disease, in the case of a hard chancre, depends upon the absorption of the lymph which caused the induration?—Yes, I believe that is so; poisonous lymph.

2896. In what respect does that lymph differ from other lymph?—There is nothing that you can detect in it either chemically or microscopically which will distinguish it from ordinary lymph.

2897. Upon what do you found your opinion that the absorption of that lymph is the cause of the development of the syphilitic disease?—Merely upon the coincidence of the secondary symptoms so frequently fol-

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lowing the absorption of the lymph, or following an indurated sore; nothing more than that. I have not had sufficient proof one way or the other in the few cases in which I have extirpated the indurated sore.

2898. Have you found much difficulty, when examining females, in detecting sores, or are they easily detected if they exist?—I think that those who are accustomed to examine a great number of females day after day, soon acquire a facility in detecting sores in the female; they know where to look for them and how to expose the parts.

2899. Do you consider the use of the speculum necessary in those examinations?—I do not generally, but whenever I have been in doubt I have used it.

2900. *Mr. Cock.* Do you believe that induration can take place without any sore at all?—Yes, and it will be followed by secondary symptoms.

2901. I think you stated that you consider the lymph is of a poisonous character?—Yes.

2902. As it becomes absorbed I suppose that the poison must all be admitted into the system before it can be expelled again?—Yes, I believe so.

2903. Under those circumstances it would, I presume, be advantageous to remove as much as you could of that poison?—Yes, in an early stage particularly.

2904. By cutting out the sore?—Yes.

2905. You do not consider that ablution is a prophylactic measure, that is to say, the daily ablution of the parts, but if there is an absence of ablution and a constant retention of a quantity of secretion under the prepuce, would not that make the part very tender, and also produce a sort of semi-ulcerated state that would render a person more liable to absorb the poison?—Ablution, after the poison has been applied, is the best remedy you can use immediately, but it would not be effectual if there was abrasion.

2906. Do you not consider that if a man could be induced to wash under his prepuce with soap and water every morning, he would not be so likely to produce abrasion as if he left the part in a dirty state?—I perfectly agree with that, that he would be less likely to have an abrasion; but then there is the other side of the question, although it is unpleasant to say so, which is, that the presence of the dirt and of the natural sebaceous secretion afford a certain amount of protection.

2907. *Dr. Donnet.* Have you seen much phagedena?—Yes, I have seen a good deal of phagedena; the Lock Hospital is never without some cases.

2908. In what constitutions have you generally observed this form of disease?—In broken down constitutions generally, persons who are older than the ordinary patients admitted into the hospital, more frequently in persons above the age of 40 than below the age of 40; those whose constitutions have been broken down by intemperance, and others who may have visceral disease without having impaired their constitutions.

2909. Will a person who has undergone mercurial treatment be more liable to phagedena than one who has not?—As far as mercury would depreciate the health, I should say, yes; but I do not remember any instances in which I could attribute to mercury the facility with which phagedena took place; I could, however, well understand, if the constitution was materially damaged by inordinate doses of mercury, that the person would be more liable to phagedena.

2910. Have you seen phagedena followed by constitutional syphilis?—Yes, most decidedly; but not frequently.

2911. Do you consider phagedena a syphilitic disease?—I think

that syphilitic sores can take on a phagedenic action, as well as phagedena occur idiopathically and independent of syphilis, in an individual from any ordinary injury.

2912. I meant to ask rather whether phagedena itself is a specific poison?—No, I do not think it is; phagedena is a peculiar action that ordinary ulceration may take on, and it is a peculiar action that the syphilitic sore may take on, but which a person might have had from any injury or common sore; any sore might become phagedenic.

2913. Do you consider that phagedena is independent of syphilis?—I have seen many cases in which I should say that phagedena was quite independent of syphilis.

2914. I think you stated that frequent ablution was necessary to wash away the poison generated in the sore itself; has a sore the property of generating poison?—It has; it is the focus in which the poison of syphilis is manufactured, and a single sore will generate poison enough to inoculate, I will not hesitate to say, 1,000 persons in the course of a day, as it continually secretes the poison.

2915. You would therefore, I presume, insist upon more frequent ablution, and upon the destruction of the sore by escharotics?—I prefer that plan, particularly in the early days of the sore; afterwards, I should use applications which would destroy the poison as it was formed; by coagulating the albumen of the pus secreted by the sore, such an effect is produced upon the poison that you may inoculate it with impunity.

2916. What are the escharotics that you are in the habit of using?—For destroying a sore I prefer nitric acid. I hve used nitrate of silver, and other escharotics.

2917. Do you think that the process of syphi isation cures syphilis?—Not permanently.

2918. Would vaccination be attended with similar results if practised in the same manner that syphilisation is?—I think that if you use vaccine matter you will very soon exhaust the power of the system of the individual that you are inoculating to produce or generate the vaccine virus or the small-pox virus; and I believe that the vaccine virus and the small-pox virus require the same constituents of the blood in order to produce either of those poisons.

2919. *Mr. Quain.* You stated that you had produced a soft sore by inoculation?—Yes.

2920. Did you see in that case, or in such cases, any constitutional disease follow afterwards?—The cases in which I have inoculated have not been very numerous; but I believe you would get secondary symptoms in certain cases.

2921. Do you believe it possible for a surgeon to say, from the appearance of the sore itself upon the genitals, that the person who has that sore will not have the constitutional disease?—I do not believe he can with any certainty.

2922. You have stated, I think, that sores do not produce their like?—I said that they do produce their like in the same individual, and in the same tissue, but that they will also produce the soft chancre and the hard chancre reciprocally, or that each will reproduce the other. As to the indurated chancre, for instance, you may inoculate from that and produce a soft chancre, and you may inoculate from a soft chancre and produce an indurated chancre.

2923. But I meant from person to person. Do you believe that sores do not produce their like necessarily?—I do not; I think that that depends upon the constitution of the individual and the locality of the sore.

2924. Have you examined in any number of cases the women from

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whom men had received the contagion?—I have had very little opportunity of doing that.

2925. With regard to treatment, to what extent do you carry mercury, and in what form do you usually administer it?—I usually give blue pill; but I occasionally give the bi-chloride, the proto-iodide, and other preparations of mercury. I give the bi-chloride when I think that a person requires a stimulant, a tonic as well as mercury. If I wish to lower very much, I prefer calomel to any other form of mercury. In iritis, and in any case in which I wanted to produce an immediate effect, and could disregard lowering the patient, I should give calomel. If it were important not to lower the health, I should give the bi-chloride, or the proto-iodide.

2926. To what extent do you carry that?—Not knowingly and willingly to salivation, but to affect the gums slightly; and I continue it in the secondary symptoms, long after all appearance of eruption on the skin has passed away.

2927. Have you ever seen syphilis to any extent treated without mercury?—Yes; I have treated it myself without mercury, and I have seen others do so; any of these cases, either primary or secondary, may be treated without mercury, but a great deal better I believe with mercury.

2928. Better in what respect?—Simply that where the poison is in the blood, the object should be, as it appears to me, to eliminate it from the blood; and if you take mercury away from me, you will take away my principal means of doing so. If you deprive me of it I must use other remedies that will act upon the excretory organs, for I should still try to turn out the poison through the emunctory organs. I should give saline aperients and antimony, or any medicines that promoted the secretions. I should go to the extent of trying to get suppuration on the surface by applying a blister, and keeping up the discharge from that blister, and adopt any means that would assist me in taking what poison I thought was in the blood out of it.

2929. Have you seen many relapses in patients in the constitutional disease?—Yes, very frequently.

2930. Have you ever seen a second case of constitutional syphilis from a new source of contagion?—Frequently.

2931. Not a relapse?—No. I have looked for it, and found it again and again, since Ricord stated that it was not possible. I have seen it again and again, and I cannot entertain any doubt in my own mind about it.

2932. What has been your observation of the condition of persons after treatment as to their general health. Have you observed many persons who have been damaged in their health in consequence of the syphilitic disease?—I have seen a class of cachectic affections which have followed syphilis, and which have been grouped together under the term of tertiary syphilis; that is to say, a cachectic state of the system in which persons have been liable to sloughing ulcers of the throat, rupia, and also to inflammations of the fibrous membranes, especially the periosteum. The sufferers also are liable, in consequence of the periostitis, to caries or necrosis of the bones. I have seen many cases of that kind.

2933. Independently of those cases which may be traced more directly to syphilis, have you seen other complaints, such as phthisis, occasioned by a condition of the system which has been produced by syphilis?—Yes, I think I have; and I fancy that I have seen cases of insanity follow syphilis; but whether it was from syphilis or mercury may be doubtful. I have known two or three instances of young men who never showed

any disposition to insanity before, who became insane after an attack of syphilis and a mercurial course. *Mr. Lane.*

2934. Was there anything peculiar in that course of mercury; was it long continued, or unusual?—No; a usual course of mercury. 11 Apr. 1865.

2935. How soon, from your experience, should you think a person might regard himself as free from liability to a relapse, and marry?—I should be afraid to limit the time; in all probability six months' absence from all symptoms, under careful watching as to whether the patient took cold, for instance; because if he got ill from taking cold, and the secretions were stopped from that or any other cause, he might show a sign or mark of secondary disease. But that would all disappear as soon as his excretory organs were in order again. I should say that his condition ought to be tested after he had gone through cold or other little illnesses, and then if he had never shewn any evidence of the presence of syphilis in any way, I should say, as a general rule, that after about six months he might be considered secure, but not with absolute certainty.

2936. Have you frequently observed the condition of children of parents, one of whom had had syphilis before?—Yes.

2937. Have you seen new-born children affected with syphilis when there was no indication of syphilis in the parents?—Yes, I have seen that in several cases. I have looked narrowly into this subject, and I can come to no other conclusion than this, that with regard to the parents, one must have had secondary symptoms although none could be observed at the time of marriage. Perhaps the male parent may show no signs of syphilis, and the female may, or *vice versâ*; a child is born and shows symptoms of the disease a week, or a fortnight, or three weeks after birth. That same man and wife cohabiting together may have another child born, that may show no signs whatever of the disease. A third child may be born, and that child may or may not show signs of the disease, and so on. My belief is, that in all these cases, if for a long time under notice, one or other of the parents, or both, as well as the children, will occasionally manifest indications of constitutional syphilis. I believe that the poison is in the blood, both in the parents and in the children, but that their different states of constitution and the different activities of their emunctory organs make all the difference as to whether they manifest symptoms or not; that the man may have the poison in his system, and his excretory organs being in full health and activity may never allow an accumulation of sufficient poison to show an external sign: but he may contaminate his wife notwithstanding, and she being in a different state of health, her eliminating organs not being to the same degree active and healthy, may not be able to lessen the amount of poison in the blood to the extent of not showing itself manifestly in her. I have seen the changes run in this way over and over again, both as regards the parents and offspring, one child being born with syphilis inherited from its parents, and the next child not so; the third child again with syphilis, and the fourth child not so, or it may be; and then the fifth again affected still showing that there is the taint in the blood. I believe it is impossible to eradicate the disease under these circumstances unless you simultaneously treat both parents with mercury, whether they show outward signs of syphilis or not.

2938. Have you seen a new-born child affected with obvious syphilitic disease, without either the father or the mother having obvious signs of it?—Yes, I have.

2939. Have you known a child to infect its nurse?—Yes.

2940. Had the child in that case any sore about the mouth?—No; not in one instance especially that I recollect, but the parents had syphilis, and the child had eruptions, but no affection of the mouth, and

Mr. Lane. yet the nurse became affected; the child had been nursed for several weeks.

11 Apr. 1865. 2941. Have you known a nurse infect a child?—Yes, I have.

2942. Could you trace any sore in that case?—Yes, and without a sore on the nipple I have seen the same thing.

" 2943. Referring to gonorrhœa, have you ever used a sort of abortive treatment for it, stopping it in its commencement?—No; I never have. I believe in it, but I think it is a dangerous treatment.

2944. Have you thought much of the means of preventing syphilitic disease, or diminishing it, and if so, what, in your judgment, would be the most efficient means for attaining that end?—I think that the most efficient means would be escharotics, used in the early days of the original sore.

2945. I meant rather with regard to the treatment of prostitutes and the general prevention of the disease?—I should begin with police control, then medical inspection, and at once destroy every poisonous or supposed poisonous sore, by escharotics; that would be in the female. Of course there should be hospital accommodation provided for females, Lock Hospitals.

2946. With regard to the army and navy, would you extend such rules to large towns generally, such as London, Manchester and other similar places?—I would if I could, most assuredly; I consider that prostitutes, as they are exceptional beings, ought to be treated exceptionally.

2947. You would give power to the magistrates and to the police to control these matters?—I would, to the utmost.

2948. *Mr. Spencer Smith.* Are the Committee to understand that you do not believe that a man who has had constitutional syphilis once may be considered exempt from a second attack?—Yes, I do not believe that he is.

2949. From your published lectures, many years ago, it would appear that you had paid a great deal of attention to the literature upon the subject of syphilis; do you believe, from what you have read and seen, that syphilis, under any circumstances, could be spontaneously produced?—I do believe that it can be spontaneously produced, and I believe that it ever will be spontaneously produced where promiscuous intercourse is indulged in to any excess; that is, that if you did away with all the venereal poison which now exists, it would be reproduced under such circumstances.

2950. Then you do not believe, I presume, in the early history of syphilis, tracing it to America or to the siege of Naples?—I do not believe in that; I believe that all that was discovered then was the connexion which exists between the several stages of the disease; that there had always existed certain skin diseases and throat affections and primary sores on the genitals, and that it was then discovered that they were associated one with another, that they were links in a chain of one diseased action; as I have said, prior to that there had been sores on the genitals, syphilitic eruptions and diseases of the bones; but that all the symptoms of syphilis had not been till then associated together as parts of one disease.

2951. You would, I presume, be favorable to inspections by medical officers both in the army and in the navy, so that disease might be detected as early as possible?—Yes, certainly.

2952. In order that it might be treated?—Yes.

2953. Do you see any reason why a medical officer in the army or in the navy should object to making inspections, because it would be degrading to his position?—I do not know what the feeling in the army may be, but, as a civil surgeon, I should not consider it any degrada-

tion at all. I should feel that I was performing an unpleasant duty, but one that I was called upon to perform. *Mr. Lane.* 11 Apr. 1865.

2954. With reference to the many opinions that you have expressed to-day, may the Committee come to this conclusion, that you think a great deal has been written in modern times upon syphilis, which is not correct, and which is unnecessary and confusing?—Yes, that is my opinion. I believe that too much has been written upon syphilis, especially of late years, and that there has been an effort to make discoveries, and to take different views; and as a matter of course these writers have deviated from what was considered the straight line, and they have not got, as far as I can see, into any better groove than we were in before.

2955. You think that the subject is much more simple than modern writers would lead you to suppose?—Yes, than they would lead the profession to suppose.

2956. *Dr. Balfour.* With reference to the inspection of soldiers, should you consider it a fair thing that the well-behaved and steady soldier should be subjected to a public inspection on account of there being a few men who were likely to conceal their disease?—I did not know that the former question put to me in reference to inspection at all applied to males; I thought it had reference only to females, to prostitutes, when I gave my answer. The present is certainly a question that I should hesitate to give an opinion about.

2957. *Chairman.* Is there any further information that you wish to give to the Committee?—I think you have thoroughly sifted my knowledge of syphilis.

2958. *Dr. Babington.* How many cases do you suppose you have seen in the course of 20 years in the Lock Hospital?—I could tell you exactly by referring to the hospital books, but I must have seen many thousands.

2959. Would the books of the Lock Hospital be available for the purpose of ascertaining the number?—There would be no objection to your having access to them, I believe.

The witness withdrew.

Tuesday, April 25, *and May* 5, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Acton, Esq. (formerly Externe to the Venereal Hospitals in Paris), examined.

2960. *Chairman.* Do you recognise the constitutional disease known as syphilis?—Yes. *Mr. Acton.* 25 Apr. 1865.

2961. You do not concur in the opinion of Dr. Macloughlin, that there is no such disease?—Certainly not.

Mr. Acton.

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2962. Do you recognise two forms of venereal sores, or do you divide them into hard and soft, or local and constitutional?—I think that the soft and indurated chancres are the two great divisions.

2963. Are they easily diagnosed?—I think so; but there are exceptional cases. Sometimes, when we fancy that a sore is indurated, we find afterwards that it is not so; occasionally there are difficulties, and any irritating substance, such as a bit of caustic, or of corrosive sublimate will temporarily induce a condition of things very similar to induration.

2964. What, in your opinion, is the relative frequency of the two kinds of sores?—I think they vary at different times; but I should say that perhaps one in ten would be the number of the indurated, as compared with the soft chancre. I should not like to bind myself to that; but I think I can prove that to be about the proportion. When I was under Ricord, I think we made some observations upon that matter.

2965. Do you attach much importance to the induration of the glands of the groin?—No doubt.

2966. At the first moment?—From the first moment; because a sore, attended with indurated glands, is generally, but not universally, followed by secondary symptoms.

2967. Have you seen cases of suppurating bubo followed by secondary symptoms?—Very rarely I think.

2968. Have you often seen an indurated bubo run into suppuration, or have you ever seen it?—I think not; but I can imagine such a case; for instance, a man might have an abscess in any part of the body, and there may be complications, but when we treat a simple uncomplicated case, I do not think we ever see such a thing.

2969. What other glandular affection have you seen, either following or concurring with induration of the glands of the groin; for instance, the post-cervical glands?—They generally attend secondary symptoms, not primary ones; they would not be attendant upon an indurated sore, they occur subsequently.

2970. Do you often see sores that begin as soft, and then become indurated?—In exceptional cases; for instance, I think I have seen a soft sore, one of those long lasting serpiginous chancres after from six to eighteen months, turn into an indurated sore; but those are very exceptional cases. Even then it becomes a question whether the sore might not have received another poison from an external source.

2971. Have you often seen a thickening or induration precede an ulcer?—In that case you notice an excoriation without an ulcer, and the induration seems to come almost without an ulcer, but they are such rare cases, that our attention is not early called to them. I believe almost in the possibility of an induration without perceptible ulceration.

2972. Do you admit that there is a difference in the period of incubation in the soft and the hard sores?—I do not know, and I do not think that anybody has ever proved it. I do not think that any author has ever considered the subject in that light. I do not know that we have ever come to any such conclusion.

2973. Although a soft sore is the product of intercourse, after from three to five days, and a hard sore follows after from seven to seventeen days?—It may be so, I would not say; I have no reliable evidence of that kind of occurrence.

2974. Can you go so far as to say that you have observed any difference in the period of incubation?—I think not. I am not aware of any difference.

2975. Is it that you have observed it and have not come to any conclusion, or that your attention has not been called to it?—I should rather

say that our attention has not been called to it; I think it would have been, if such a thing had existed.

2976. At what period in the progress of the hard sore, whether induration with an excoriated surface, or induration with a positive ulcer, do you consider the constitution involved?—I think that from the moment a true induration is observed, we may consider that the constitution is infected; that secondary symptoms will follow within six weeks from that time. It may be presumption on our part to say it, but a constitutional infection will follow.

2977. Have you tried the destruction of a sore by escharotics or the knife, when based upon induration?—I used to do so, but I have now ceased ever to apply caustic or escharotics of any kind, simply because they induce a large ulcerating surface; that is to say, the local sore extends, instead of becoming diminished.

2978. You do not avert the catastrophe?—You do worse than that; you increase local mischief, which sedatives would have allayed.

2979. You do not prevent the secondary disease?—No, certainly not: unless cauterisation was applied at an early stage, within three days; but then who sees an indurated sore in three days? No one in private practice.

2980. Do you believe in a duality of poison?—It would take a very long time to go into that question.

2981. Do you believe that the poison of the soft sore and the poison of the hard sore are one and the same, affected by the constitution of the individual, or by the locality attacked, or is each the product of a different poison?—I am disposed to believe that according to the *soil* so will be the sore, either soft or hard. I think I may put it in this way, as the best mode of explaining my views: If a man has once had an indurated sore, he will never have another indurated chancre, whatever poison comes in contact with him. The soil, as I may call it, has been, or the system has been inoculated with that poison, and no indurated sore will ever again act otherwise than as a common irritant upon that man.

2982. If I had asked you whether the poison could affect the same individual twice, would not that have been your answer, and was not my question rather of a different character?—Yes, it was, no doubt.

2983. It was whether you think there are two poisons, and your answer was that on the soil depends the nature of the sore?—Yes; I believe but in one poison, producing, possibly, very different effects in different men, and I was attempting to illustrate it in this way: If a man has once had an indurated sore, whatever the poison that may be subsequently applied to him, supposing it to be from an indurated or non-indurated sore, it will only produce a soft chancre, and not a hard one. This is the best evidence in my opinion that there is but one poison.

2984. You think that a man cannot have true induration more than once?—Yes; a second time after a lapse of years.

2985. Have you inoculated much?—Not of late years; and I should be very sorry now to do it.

2986. For what reason?—Because I think that everything has been gained by inoculation that can be learned, and I have known ill consequences occasionally arise from the practice.

2987. In your opinion, do sores produce their like?—I think not; but that question has been answered before, because if they did produce their like, we should not see the phenomena I have above alluded to, viz., induration not repeated in the same individual. Syphilis, like small-pox, acts differently upon two constitutions. You have one poison in small-pox, but according as the child has been previously vaccinated or not, the effect will differ.

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2988. Therefore, you could not re-inoculate a person?—A man may have any number of soft sores, but only once indurated ones.

2989.—Can a soft sore in the female give a hard sore to the male, and *vice versâ*?—Why not, if the man has not been infected before? I see no reason why a sore in the woman should not give either a hard or a soft chancre to the man.

2990. You would use the words "in the soil" in preference to "in the constitution?"—Yes, or whichever you like. We will talk presently of constitutional affections when we come to secondary symptoms.

2991. Have you had much practical experience of syphilisation?—No, and I hope never to have, for, from all that I have read of it, nothing would induce me to practise it.

2992. Do you believe that syphilis may be communicated by contact with persons affected with secondary symptoms?—I am certain it cannot.

2993. How do you arrive at that certainty?—From the fact of the number of people I know, and have known during the last twenty-five years, who, although suffering under secondary symptoms, cohabit, and yet have produced nothing in the opposite party.

2994. After all, that evidence is but negative?—If secondary symptoms infected, they should certainly be noticed by persons who have a large practice.

2995. Still it is but negative evidence?—What positive evidence may I ask would you require? I might furnish you with it, perhaps.

2996. I do not know that positive evidence is obtainable; but persons, on a large scale, inoculated with the poison of the syphilitic disease, and having an immunity from it, I should call an approach to positive evidence, but one cannot come to that. All that can be said of your evidence is, that it is very excellent, so far as it goes, but still it is merely negative evidence?—If you will say what positive evidence you require I will try to furnish you with it. I would like to add this, that all the cases which as yet I have had an opportunity of investigating in London, and I have had a great number, no one has stood the test of cross-examination. I have never yet seen a case stated to be inoculable which possessed conclusive evidence that it was so. They have all failed when properly examined by competent surgeons.

2997. From your historical reading upon this matter, are you disposed to adopt the opinion which was entertained largely as to the introduction of syphilis into Europe at the siege of Naples?—I do not know how far that is a fable or how far it is not, but knowing how difficult it is to verify facts which are said to be of daily occurrence, such as the one just now spoken to, what dependence can you put upon any historical statement of the kind you have just referred to?

2998. Do you think that syphilis can be produced under any favorable circumstances spontaneously?—I do not know of any one who has brought forward any satisfactory evidence to prove it, it is all negative.

2999. Do you believe that it is so?—I am certain that it cannot be so; at least, I think that it cannot be so.

3000. That would be almost tantamount to rejecting the evidence of the introduction of the disease into Europe; it would only throw the question further back, but it would assume that the disease had a very early origin indeed?—Yes; but that may be also said of many other diseases.

3001. Do you give mercury for primary sores?—When I have well ascertained that a sore is an indurated chancre, I do immediately.

3002. What do you think mercury does?—In the first place it removes the induration, and in the second place it is the only remedy that I know

of that secures the individual from constitutional disease, and it does not always do that.

3003. Do you think that the employment of mercury in the treatment of the primary disease gives any exemption from the occurrence of the secondary disease?—I am sure that it does, and the best answer that I have to offer is this, that those persons who do not give mercury have in their practice a larger proportion than there should be, of individuals suffering from secondary symptoms. If, in answer to that I am told that they do not find it so, my reply is that persons having the constitutional disease do not go back to them, they go to other surgeons.

3004. Do you employ mercury largely in the treatment of indurated sores?—Not largely, but for a length of time, never to affect the gums. immediately the mouth is affected, mercury must be left off.

3005. What do you think mercury does?—It removes, in the first place, the induration.

3006. How does it do that?—That I must leave physiologists to decide. I know the fact, and it does it rapidly; and as we are upon this question, I may state that there is another thing which removes induration very rapidly, and which is of modern introduction, viz., a strip of adhesive plaister applied round the sore at the same time that you give the mercury, so as to employ compression upon those vessels. This treatment causes induration to be taken up with extraordinary rapidity.

3007. I suppose the adhesive plaister does not protect the individual from secondary disease?—Certainly not; but the removal of the induration does, to a great extent, apparently by the pressure exerted upon the sore, and the mercury removing the induration from the sore carrying it away, or getting rid of it in some way. The two act in a manner I find excessively beneficial to the constitution.

3008. Do you give mercury largely in the secondary disease?—Not largely, but for a prolonged period.

3009. Do you use iodide of potassium much?—Seldom in the secondary stage. I find it almost inefficacious in the early stages of the secondary symptoms.

3010. You have written a book upon prostitution?—Yes.

3011. *Dr. Babington.* Do you believe that an abrasion is necessary in the male for the reception of the poison of the venereal disease?—A wet soft skin will almost do as well, I am afraid; but it will produce ultimately an abrasion, I should think.

3012. I mean, whether the poison may be absorbed through the mucous membrane without an abrasion?—It is very difficult in private practice to decide that question. What you find occasionally is, that the virus will permeate the skin by ultimately corroding it.

3013. Do you sometimes find the soft sores multiple?—Very often.

3014. Is it not more consistent to suppose that the poison is absorbed from the surface rather than from an abrasion, if there are many of them?—Yes; I do not see why the one or the other should not occur; but if the drift of the question is, whether ablution would remove it, and therefore that it is desirable, I should say that it would be the most efficacious way. I lay the greatest possible stress upon immediate ablution, so as to prevent such a catastrophe.

3015. You give mercury, you say, not in large quantities, but for a length of time; in what form do you administer it?—In any form that the patient finds the least disagreeable to take it in. I almost invariably use inunctions on the inside of the knee. I take a portion of mercurial ointment as large as the top of my thumb, and rub it in, and the consequence is that the patient can eat and drink, and go about, and ride, and do almost anything.

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3016. What is your criterion for leaving off that treatment?—It is very difficult to say. I continue it till the symptoms have disappeared; but even after they have disappeared, and the patient is, I think, secure, it is sometimes difficult to prevent their recurrence.

3017. How long does it take to cure the primary symptoms of syphilis in the case of an indurated sore?—I should think from three to six months, certainly. When I commenced practice, some 25 years ago, I was induced, by patients who expressed a wish to leave it off, to let them do so, and I am sorry to say, that, if I committed any fault in that part of my practice, it was in letting them leave it off too soon.

3018. If I understand you rightly, your mode of treatment does not prevent a man going about his ordinary business?—I never lay my patients up; no patient of mine has been laid up a single day, either in the house or in his room, except from some local cause, such as a swelling of the groin, not from the mere existence of simple syphilis; a man may attend to all his duties as usual.

3019. What are the first symptoms in the secondary disease?—They vary much, according as mercury has been taken, or other treatment has been followed; but generally, where the mineral has not been taken, the skin on the abdomen and arms present the first secondary symptoms. If mercury has been given for the primary symptoms, then they are of a varied nature; the throat very frequently is affected, or the tongue.

3020. What proportion of those persons with indurated sores who take mercury, and are treated upon your plan, will have secondary symptoms?—I am sorry to say that they are still more numerous than one would wish them to be.

3021. Are you firmly impressed with the belief that the mercury does, in a number of cases, prevent secondary syphilis?—Just so; but you do not give mercury in every case. I should say that an indurated sore is certain to be followed by secondary symptoms. If mercury is given, and if the patient will employ it long enough, the proportion that do not have secondary symptoms is very large.

3022. Would you say it was one-half?—Yes.

3023. Do you prevent it in more than one-half of the cases?—Yes; I do not propose to say that, however long you may give mercury, you can prevent secondary symptoms.

3024. But you do practically prevent it in more than half the cases that come under your observation?—Yes; in two-thirds of them, I should say.

3025. *Mr. Cock.* You are guided, I suppose in the administration of mercury by the constitution of the patient, as there are men, I suppose, to whom you would fear to give it; or in what cases would you not give it?—I do not know the constitution in which you may not give it. Recently I saw a case with Dr. Quain, of Harley-street; he had a doubt whether mercury should be given to the patient; but I said to him at once, "What are you to do? here is a man who, as you say, has diseased lungs, but he has a yet more serious complaint, an indurated sore, and he suffers already from secondary symptoms?" The sequel was, that mercury was given to the man, and as usually happens, the health improved in proportion as the constitutional syphilitic taint disappeared. I do not know a case in which, when mercury is desirable, it should be withheld on constitutional grounds.

3026. Where the constitution was depressed, or where a person had been leading a loose life, a cachectic person, with a feeble pulse, would you give mercury immediately, or endeavour to improve the state of the constitution?—As soon as I could give him mercury I would; but I should keep him in the meantime on the best possible diet, rubbing in the mercury, and not giving it by the mouth.

3027. I think you stated that you had discontinued the plan of destroying sores by escharotics?—The indurated sores.

3028. Are there not many sores which are very much improved by the destruction of the surface?—All soft sores.

3029. *Dr. Donnet.* Do you think that the destruction of the soft sore could prevent the suppuration of the inguinal glands?—No.

3030. Would you use escharotics in a case of suppurating bubo?—No, certainly not. I have been speaking of the treatment of an uncomplicated soft sore, and the early stages of it.

3031. Do you believe that a soft sore will not produce suppurating bubo?—It will. It is the sore that does produce it.

3032. Do you not think that escharotics, by destroying a soft sore, will destroy any chance of the inguinal glands becoming inflamed?—I wish they did. I am speaking of the destruction of a soft sore in its early stages.

3033. In the rare cases which you have witnessed, when suppurating buboes were followed by constitutional syphilis, did you attribute those manifestations to the bubo, or were they owing to some anterior syphilitic taint?—My answer to that question is this: that the constitutional symptoms will have no relation to the suppurating bubo, but they will have to the preceding indurated chancre complicated with the bubo; and that is where, I am sorry to say, mistakes are very often made. Some characterise bubo as a cause, whereas it may be a complication merely. The bubo may arise from the irritation caused by a diseased toe, or it may arise from a sore. You may have bubo as a complication, but you must not jump to the conclusion that it arises from a sore on the penis; it may follow from irritation on the lower limb. I have a patient who has a corn that is irritable, and that irritation has caused a bubo. He has an indurated sore, but the irritation does not come from that; the irritation has arisen from the diseased corn, and therefore you have a complication. Hereafter, if he has secondary symptoms, you may say that here is an instance of constitutional syphilis depending upon the bubo. I believe that the bubo is quite extraneous to the syphilis—it is *plus* syphilis.

3034. Have you seen soft sores attacked by erysipelatous inflammation?—Too often.

3035. Have all the infectious properties been destroyed by the erysipelas?—We do find in phagedenic sores that it almost invariably is so. Whether you would call it erysipelas or phagedena I do not know; but even then phagedena does not always prevent secondary symptoms, nor will erysipelas prevent them: they will occasionally occur.

3036. Do you look upon phagedena as a syphilitic disease, or as merely an accident?—It is often complicated with syphilis. It has a very serious constitutional and local effect, *plus* syphilis—syphilis being the *primum mobile*—and then phagedena comes afterwards.

3037. Is it attributable to the poison, or is it attributable to mere accident?—I should think it is an accident very often; an accident either dependent upon local causes, irritation, or generally on impaired constitution.

3038. How do you treat phagedena?—I now treat it locally by opiates generally, and by tonics and iron.

3039. I understood you to say, that the constitution, once infected with syphilis, would not be infected a second time; do you think that a child born syphilitic enjoys in after life an immunity from the symptoms of constitutional syphilis?—Nine times out of ten a child brought to me, and said to be syphilitic, is not labouring under the complaint, and therefore such a child, if it has a syphilitic affection afterwards, has not had a preceding one.

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That is practically an answer to that question. I did not state that the immunity applied to an individual who had had constitutional hereditary syphilis, because that is what you now allude to. I do not say that a child that has had hereditary syphilis may not have primary sores again in any number.

3040. Of the indurated species?—Yes; if a child has not had an indurated sore, it has only been hereditarily affected; but, as I stated above, every child said to have had hereditary syphilis has not necessarily had that complaint.

3041. *Mr. Quain.* I would call your attention to the question of the existence of a syphilitic virus. Evidence has been given before this Committee that there is no such thing as a virus. Have you become acquainted with the literature upon that subject in France, and with the work of M. Jourdan (Paris 1826)?—Yes.

3042. Does he maintain that there is no such thing as a virus, for instance?—I do not know that he does so.

3043. Do you know that any man of character in Paris now maintains that there is no such thing as a syphilitic virus?—I think not.

3044. With what view was inoculation practised by M. Ricord?—It was to substantiate those laws which we have been trying to elucidate to-day.

3045. What is the immediate inference to be drawn from inoculation having taken successfully?—That it is syphilis; or rather, that it is a primary sore.

3046. You stated, I think, that a hard sore in one person might produce a soft sore in another person in sexual intercourse, and that a soft sore might produce a hard sore?—Yes; I think I am prepared to admit that.

3047. You do not believe that a sore produces its like?—I am sure that it does not.

3048. Are you acquainted with the observations of M. Bassereau in his work "*Traité des Affections de la peau symptomatiques de la Syphilis*" (*Paris*, 1852), which show that a soft sore almost invariably produces a soft sore, and a hard sore a hard one, *in coitus;* and which, with other observations by M. Fournier, under his own direction, have led M. Ricord to change his view as to the singleness of the venereal virus? (The announcement of this altered judgment being contained in "*Leçons sur le Chancre, professées par le Dr. Ricord, recueillies et publiées par Alfred Fournier*" (*Paris*, 1858). This work is translated into English by Mr. Maunder.)—In the first place, I must say of M. Ricord that I do not think he adopts many of those views. What he says, is this: I am no longer Surgeon to the Venereal Hospital, and I cannot verify the statements made by my pupils. I take them for what they are worth. I cannot say that they are facts, and I do not say that they are untruthful. I cannot verify them.

3049. Under your mode of treatment, do you find that patients are subject often to relapses?—Yes. I am sorry to say they are.

3050. When do you think that a person is free from any fear of a relapse. Does that time come, and if so, when?—That is a difficult question to answer; I am now attending an instance of a relapse occurring eight years after the primary affection. I must, however, add that eight years did not elapse between the primary and the secondary attacks, for there has always been a series of relapses occurring.

The witness withdrew.

Friday, May 5, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Acton, Esq., further examined.

3051. *Mr. Quain.* Have you much observed the effects of the constitutional disease on the after health of the persons who have suffered from it?—Yes, during the last twenty-five years.

3052. Have you seen many persons whose health has been permanently impaired by it?—Not in private practice.

3053. Have you met with persons suffering from phthisis afterwards?—Yes.

3054. Do you believe that that has been in any degree the result of the syphilitic disease?—There are three questions here. In the first place, a man who contracts syphilis is very often a dissipated person; in the next place, he is a man who has led a very irregular life, and where syphilis affects a man very severely, generally speaking he has a very bad constitution, so that there are three points to consider: the life of the individual, the bad constitution of the patient—for otherwise he would have had syphilis in a milder form—and, lastly, you have a third cause, the mercury. Then you have to determine which of those has been the cause of the ill state of health.

3055. Have you seen much of the effects of the disease on the offspring of those who have had syphilis?—Yes.

3056. Have you seen it affect a child without anything being apparent in either of the parents?—No.

3057. I presume that you apply the same mode of treatment to children that you use for adults, but in a modified form?—Just so; I use frictions on the abdomen underneath a flannel bandage.

3058. Have the results been bad as to the life of those new-born children?—No, I think not; but I am speaking now only of private practice.

3059. Are you acquainted with the regulations respecting prostitution in Paris?—Yes.

3060. You know that there are hospitals there specially devoted to the treatment of persons affected with syphilis?—Yes.

3061. What is about the number of the beds that are provided in those hospitals?—In my work—"*Prostitution, considered in its Moral, Social, and Sanitary Aspects in London and other large Cities, with Proposals for the Mitigation and Prevention of its Attendant Evils,*" the numbers are thus given:—The Venereal Hospitals of Paris are Saint Lazare for Police female patients, say 200 beds; Lourcine, female, 270 beds; Du Midi, free male, 336 beds, of which 22 are reserved for patients who can pay a franc and a-half per diem. *Loc. cit.*, p. 128.

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3062. Have you any idea whether the number of beds appropriated to the persons suffering from syphilis is more or less in London than in Paris?—The number is much larger in Paris than in London. In my book on Prostitution, at page 135 *et seq.*, I give a Table, in which it is shown that London Hospitals only have 184 beds devoted to the treatment of female venereal diseases; and that 113 beds are alone given up to male patients suffering from similar affections. At page 143 will be found a Table in which I show our shortcomings as compared with other Continental towns:—

City.	Population.	Population of London.	Proportionate Number of Beds that should be in London.
Berlin	400,000	2,500,000	750
Brussels	170,000		441
Hamburgh	200,000		1,500
Paris..	1,500,000		783
Vienna	420,000		892

3063. Do you know whether the management and treatment of prostitutes in the hospitals of Paris, and the regulations which prevail abroad have caused a diminution of the disease?—I have not the slightest doubt of it, as may be seen in the above-quoted work on Prostitution.

3064. Would you strongly recommend some arrangement of the same kind in this country?—Yes, as far as the regulations of hospitals go, I should.

3065. Do you think that separate hospitals should be established, or that women should be admitted into the present hospitals, to be there treated?—I have no doubt that special hospitals would be best.

3066. Is there any large hospital in the United Kingdom for the treatment of such cases, or where is the largest?—There is none that I know of, except the Lock Hospital.

3067. You have mentioned particularly in your book one in Dublin?—Yes.

3068. *Dr. Wilks.* The question of the duality of the poison is so important an one that I wish to ask you one or two questions upon that. You have stated that you believed that a local sore, which was not followed by constitutional symptoms, was the same as the other which was infectious, and that the absence of the secondary symptoms was due to the constitution of the patient?—No, I do not claim to have given that answer, and if I may be allowed to explain it, it is this. I think there is strong negative evidence that there is only one poison, which acts differently upon different constitutions, and I will explain myself in this way; I believe that all persons who have written upon this subject now say that if a man has once had secondary syphilis he may have primary sores any number of times, and yet that he will only have a soft sore: never an indurated sore again. That is the strongest evidence that I know of, to put the thing in a few words, that there must be only one poison.

3069. Have you any other evidence to adduce?—There is a great deal more to be said about it, but I think that is the strongest evidence. If it is to be supposed that there is more than one poison, I see no reason why there may not be more than two. Again, supposing there to be two distinct poisons, what is to prevent their being mixed at all times and all places, considering how promiscuous intercourse is in London. And therefore, supposing there to be two poisons, or more than two, they must be mixed;

for I cannot see how it is possible for any man to decide that the poison in the case before him is a pure poison. I have never seen any evidence to explain such facts, supposing there to be two poisons.

3070. Have you any facts which will bear upon the remark you made on a former occasion, when you illustrated the subject by referring to the small-pox. You have stated that two persons might be exposed to the same contagion, and that one might have it in one form and another in another form; but in that particular case you would know the source of the contagion, and I wish to know whether you have any similar facts to adduce in this case; for instance, if a person has small-pox with well-marked symptoms, you know that he has it, but if he has not those symptoms you can only know that the poison has been introduced by knowing the source of the contagion?—I really do not see the analogy between small-pox and syphilis; the analogy I attempted to draw was, I think, between vaccination and inoculation, but not small-pox.

3071. Have you ever traced the same kind of disease from one sex to the other?—It has been attempted; but I believe the evidence breaks down directly. It has been done in Paris latterly. But let me put this case: supposing syphilis to be traced from one individual to another, why should not an individual have a mixed sore, why should not there be two poisons in the same sore? There is no evidence that there should not be at any time.

3072. You admit that constitutional syphilis may be introduced into any part of the system, that is, that the virus may be introduced into any part of the body?—Certainly.

3073. On the lip, for example?—Yes, we constantly see it in different parts of the body.

3074. How would you recognise those sores as syphilitic sores?—If I was before a Court of Law I should demand inoculation as the test; but I think that the eye would very frequently or generally enable us to judge of the nature of the disease.

3075. On the genital organs there is nothing characteristic?—That is a matter which I think is a question of experience. I suppose that most of us know, or fancy we can recognise syphilis, if not in the course of the first twenty-four hours, within forty-eight hours. I should say we might distinguish syphilis from anything else, from the manner in which it conducts itself.

3076. I understood you to say that there was nothing characteristic about sores on the genitals; that you might call them all syphilitic on any other part of the body; and that you would endeavour to distinguish them?—I make no distinction between the parts; what is true of one part is true of another; but I would not give an opinion upon a sore before a Court of Law without inoculation, on account of the difficulty of recognition. In private practice I should decide upon it without risk.

3077. May a person with secondary syphilis communicate that disease to another through any excoriation?—I am quite positive he cannot; but there again you must establish, to my satisfaction, that it is a secondary sore, unconnected with a primary one. I believe that here again you may have two things, and if the patient has a primary sore he can communicate it directly.

3078. By what means do you think a child obtains syphilis from its father?—Through the semen; but, there, again you must establish the paternity.

3079. When is the time when you recognise that the system is affected by syphilis?—As soon as the induration appears.

3080. I think you stated that if it did not appear at all, you recognised

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it when the bubo came and the glands in the groin were indurated?—Yes, where there is induration, induration of the glands and the sore too.

3081. Do you think that the induration of the cervical glands is due to the infection of the system in the first place, or is it due to some previous local affection, either in the throat or in the skin?—Either one or the other may be present.

3082. Do you think that the constitutional symptoms are severe in proportion to the amount of the induration of the chancre?—I think not; no man can previously say, when a patient suffers from an indurated sore, what the amount of the constitutional disturbance may be.

3083. I asked you that question with reference to this point, whether it would be necessary for the sake of society to put women suffering from secondary symptoms in Lock Hospitals?—Certainly not. It happens to me occasionally to know the two parties—a man and his wife, or a mistress and the man—and I know people now who are cohabiting together, the one or the other having constitutional syphilis, and yet the other person cohabiting not being infected. I therefore argue that there would be no use at all in segregation, supposing that there was no primary disease in either, but you must establish that; if there was any primary disease, it would be a very infectious thing.

3084. Of course, then, this follows from your view, that a wife would never be infected from her husband, except she was previously pregnant?—Yes, I maintain that; I find that that is the case. If she unfortunately becomes pregnant, then she may become infected; and we know that there are instances of that kind constantly; that as long as a woman remains unimpregnated, she contracts no disease whatever.

3085. *Dr. Balfour.* You have paid a great deal of attention to the subject of the prevention of the disease; to what extent do you consider ablution is useful in preventing contamination?—I think that it is of primary importance.

3086. But that, I suppose, implies ablution immediately after connection?—Yes; as soon as possible.

3087. Do you consider that ablution would be useful after some hours had elapsed?—I should say so, certainly.

3088. Up to what period of time do you think ablution would be useful in preventing disease, referring specially to soldiers returning to barracks after having been out enjoying themselves?—Within twenty-four hours; and the best evidence that we have of that is, that where the poison has been put, for the purpose of experimenting upon it, on uninjured skin, it will not act for twenty-four hours, until the epithelium has been destroyed. Suppose the case of a soldier having connection, and no excoriation taking place, if he washes himself within twenty-four hours, we may suppose that the virus has been effectually removed.

3089. The advantage would not arise if there was an excoriation?—No; I mean where there is no excoriation; but, supposing even an excoriation to exist, instead of having one sore which is an excoriated wound, if he do not wash, he may have five or six. I may see a man occasionally, and I tell him, say to-day, to do certain things; he does not comply, and on the next day or two, instead of having one sore he has five or six—the result of want of ablution and cleanliness.

3090. Then I presume that you would strongly advise the authorities to afford every opportunity for ablution in private to soldiers?—I should indeed.

3091. *Mr. Spencer Smith.* Have you read the Act of Parliament for the Prevention of Contagious Diseases?—I have.

3092. Can you give the Committee any opinion upon it?—In the first place I believe that it has not yet been carried out.

3093. But it is being carried out at the present time?—At Aldershot it has not yet been carried out.

3094. In your opinion, does it go far enough?—I think not. I think, with all deference, that too much is expected from it by those who have framed the Act. Moreover, I do not think they will be able to carry it out. At the present time there is no hospital, as I understand, to put the women into, and again, before they were allowed to depart, I think you should prove that they were well. I have yet to learn that competent persons will examine them, and decide that they are well; and I am afraid that if they are not examined, the system will fail from the way in which the Act has been framed, and the inefficient manner in which it must therefore be carried out.

3095. An objection which has been made several times is, that the Act does not go far enough, in consequence of not providing sufficient hospital accommodation; what improvement have you to suggest?—I should like to see the Act carried out by competent persons.

3096. You approve of the principle of the Act; you approve of interference with prostitutes; but you think that it does not go far enough?—Certainly. I think it is a most desirable thing that the women about barracks particularly should be carefully examined; but then the question arises, what are you to do with them, and my special knowledge acquired in foreign hospitals enables me to point out the almost insuperable difficulties. For instance, to cure gonorrhea in a woman: I know, from my practical experience, that it may take five or six months to cure that disease alone; and are you prepared to keep one woman, or twenty women, or fifty women labouring under any affection of the uterus in hospital that time? Again, are you prepared to provide hospital accommodation for women suffering from the smallest sore? Do you know the number of beds that you will require for such a purpose, until you have diminished the disease?

3097. As I understand you, you approve of the principle of the Act?—Yes. If efficiently carried out it must prove highly beneficial to the health of the Army and Navy. I see no reason why the proportion of venereal disease should not diminish in England just as it has done in France or Belgium; and I look forward to the period when syphilis shall be almost said not to exist in the English army. I see, however, many difficulties in bringing about this much-desired state of things. If the women are not thoroughly cured, they will soon cease to come willingly into hospital. If the soldier finds that (in spite of the sanitary regulations) he contracts disease, his aid in carrying out the regulations will not be given. Lastly, if future statistics shall show that venereal disease has not materially diminished in the army, the public, and particularly a certain portion of rate-payers, will array their parliamentary forces against the measure. Up to the present time they have received with horror this (which they have called) legalisation of vice. Sanitary reasons have for a time silenced their dire opposition. If the Government should fail in rendering the prevention of venereal diseases effective, the late opposition will be again brought to bear, and the outcry against the mode of carrying out the Act will be inconceivable. If the Act fails through the inefficiency with which it is carried out, the question will again be thrown back into the hands of the philanthropists, and it may be many years before any reform may again be attempted. The Act must be viewed not only in a sanitary sense, but be considered as a large social and moral question which society is at present willing to experiment on.

The witness withdrew.

Tuesday, May 2, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

George Busk, Esq., F.R.S. (Surgeon of the "Dreadnought," Seamen's Hospital), examined.

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3098. *Chairman.* You have been attached for many years to the "Dreadnought?"—Yes.

3099. Of course, you have seen a good deal of venereal disease?—I have seen a great deal of it amongst that class of men.

3100. What number of patients does the "Dreadnought" contain?—I think, in my time, probably the average has been about 170 or 180, and there have been between 1,500 and 2,000 admissions in the course of a year.

3101. What class of patients are they generally?—Entirely sailors in active employment, with the exception of a few cases of accidents from the manufactories on shore. The Hospital is intended entirely for sailors who have been at sea within six months.

3102. I presume you recognise the constitutional disease known as syphilis?—I do.

3103. How do you divide the primary sores?—I divide them into three classes practically, the simple sore which presents no distinctive characters, arising from an ordinary abrasion; the indurated sore; and the phagedenic or sloughing sore. There are several varieties.

3104. Can you state about the relative proportion which these bear to each other?—No, I cannot.

3105. Which would you describe as the most common?—The men rarely come to us in the early stages of the disease; they generally come in, I think, either with indurated chancres or with phagedenic sores, sometimes of an enormous size; we rarely get the simple primary sore; the greater number come in with indurated and phagedenic sores, of course, I am excluding gonorrhœal affections.

3106. Have you seen a soft sore associated with indurated glands of the groin?—I have seen buboes with soft sores frequently.

3107. By bubo, I mean rather a suppurating bubo?—I have seen the glands of the groin enlarged with soft sores.

3108. Have you observed a very great difference between the condition of the glands of the groin with a soft and with a hard sore, the one having a tendency to suppuration, and the other being indurated without suppuration?—I am not prepared to say that I have noticed a peculiarity of that kind.

3109. Have you seen a suppurating bubo with a hard sore?—Yes; I think I have.

3110. Have you seen the converse of that, an indurated non-suppurat-

ing bubo concomitant with a soft sore?—I have not paid sufficient attention to be able to give a decided answer to that question.

3111. Have you seen secondary or constitutional affections follow a soft sore?—Yes, very often.

3112. May I say the same class of secondary affections that are so commonly recognised as following the hard sore?—Perhaps not. I am not sure that I have seen syphilitic lepra following a soft sore, but I have seen papular eruptions—a sort of rash in red patches—and I have also seen rupial eruptions and pustular eruptions following soft sores, ecthyma rather, and rupia, but that is very much according to the habit of the person.

3113. You do consider that to be dependent upon the habit of the person?—I do not know what other cause to assign it to.

3114. Can you give me any idea what proportion of these soft sores lead to secondary disease?—No, not without referring to the note-books, and then I could not very well tell; for when a man has been cured of his sore I sometimes never saw him again.

3115. You could never give a man a guarantee that he would not have secondary eruptions with a soft sore, even if that soft sore had got well?—Never, nor with any kind of sore. I should never feel certain about it.

3116. What has been the usual duration of a soft sore until the period of its cure?—If of small size and recent, and if destroyed by nitric acid or caustic, which we used to apply to very small sores, it would heal up at once, or in a few days, like an ordinary sore.

3117. But even that would not give him immunity against secondary disease?—No, certainly not. I have seen very severe secondary symptoms from apparently a very trifling sore.

3118. When you talk of a soft sore, I wish to bring before you that modification of sores which has obtained the name of the parchment sore. Are you familiar with that, and do you think that those sores may have been classed under that variety?—I do not know what the term means.

3119. You class all the sores in which positive induration is absent among the soft sores?—Yes, if they are not indurated; but they are not all of one kind. There is a simple raised soft sore, and the phagedenic or sloughing sore, and they are both soft.

3120. How do you treat the primary soft sore; I infer by escharotics?—If it be very small, we endeavour to destroy it by escharotics.

3121. Even although the sore had acquired some magnitude, say the size of half a finger-nail, before you saw it?—If it was a small sore we did it; but I cannot specify the exact size.

3122. Supposing it was a very large sore, would you still apply caustic?—No; I should apply usually black-wash—almost always.

3123. Should you consider that a large sore was more likely to produce secondary disease than a small one?—I apprehend that the primary sore, of whatever size or kind it is, is the cause of the secondary symptoms, and that the longer it exists, of course, the greater chance there is of absorption taking place from it. The duration of the sore, I think, must be taken into account; if the sore be the cause of the secondary symptoms, the longer the cause exists, the more likely are the secondary effects to follow.

3124. Do you ever treat the primary sore with mercury?—Yes; at any rate all indurated sores.

3125. I am now confining my questions to the soft sore?—Yes; generally, unless they are sloughing sores; we do not treat them with mercury.

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3126. In what form do you administer the mercury?—Almost always in the form of blue pill; in very small doses.

3127. To what extent do you carry it?—For the last 15 or 20 years that I treated cases; say, perhaps, for the last 20 years, I have only given very small doses, about a grain of blue pill three times a-day.

3128. To what extent do you carry the mercury?—Until the gums get moderately affected.

3129. Do you think there would be any advantage in carrying it beyond that?—I think not. I think that when the gums are affected, the constitution is as much influenced as it can beneficially be.

3130. What do you think mercury does?—It certainly hastens the cure of a certain number or class of sores.

3131 How does it act?—That I cannot say; but I know the effect of it, because I have tried comparative experiments, simply using water to sores, and many years ago I satisfied myself that as soon as the gums were affected, a change in the secretion of the sore simultaneously took place, and that a sore which had not till then secreted pus, on the fifth or sixth day would afford a purulent secretion. I mean a sore which had afforded nothing but an ichorous thin serum before, and I am speaking of an indurated chancre.

3132. That answer is in explanation of the influence of mercury?—Yes.

3133. If I understand you rightly, it is this, that as soon as the constitution is placed under the influence of mercury, the secretions of the sores undergo a change from the ichorous to the purulent?—Yes; I have remarked that very often.

3134. Have you ever seen any formidable cases of constitutional disease arising from soft sores?—Yes; I have seen very extensive rupial affections, apparently from non-indurated sores.

3135. Have you seen each and every variety of the secondary disease, except psoriasis?—Yes. There is a sort of circular sore, with raised edges, which is often observed on the outer surface of the penis, which is very frequently followed by pustular or rupial eruptions.

3136. Has the secretion from the indurated sore anything remarkable about it—purulent or ichorous—or what is the secretion?—I think simply a thin ichorous discharge; a watery discharge.

3137. Have you ever seen induration precede the abrasion, or rawness of the surface, or ulceration, wherever it might be?—That is a point which I have never been quite certain about. I have frequently seen induration without soreness; whether there had been a sore before the man came in, or whether it was induration independently of soreness, I have never positively ascertained; but I think that in most cases there has been a sore there, which has healed up. I know that induration will remain for many weeks or months, or perhaps longer after the sore has healed.

3138. What have you observed to be the condition of the inguinal glands in the hard sore?—I have not noticed any peculiarity; I do not remember just at this moment.

3139. If you found an indurated sore, accompanied by suppurating bubo, should you be surprised?—No, I think not; I think I have seen that occur.

3140. That is, a suppurating bubo coupled with an indurated chancre?—I have certainly seen that, but whether the chancre was the cause of the bubo, I will not say.

3141. At what period do you consider the constitution becomes involved in the case of an indurated sore?—I cannot say; but in some

cases with great rapidity. In other cases, the secondary affection may not show itself for a very long period; I do not know scarcely the limit.

3142. Supposing that you excised a mass of induration, say on the inner surface of the prepuce, and the wound healed, should you expect secondary symptoms?—Yes, if the sore had been there any time.

3143. Then the constitution would be involved?—It may be involved at almost any period, while the sore is there, or it may not be involved at all. I think that, generally speaking, the first attack of the secondary symptoms will occur within about six weeks.

3144. But I want your opinion with regard to the period of the induration, and when the constitution is involved; is it involved at the commencement of the indurated process, or only at the termination of it?—That I cannot say.

3145. But the question of the treatment by local destruction, or excision depends upon that?—Yes; in my view, you can only date from the time of the excision of the sore, because, as I take it, the infection might take place at the very last moment of the existence of the sore, or at the first moment; for example, if a man had a sore for six weeks, the infection of the system might occur during any part of those six weeks. I am not aware that we have any grounds for calculating the exact period.

3146. How do you treat the syphilitic disease coming from a hard sore?—I always treat it with moderate doses of mercury, good diet, and attention to the general health. I have tried other plans, but experience taught me that that was the readiest mode of getting rid of it. Among these plans were the non-administration of mercury; sarsaparilla; iodide of potassium; and a variety of things of that kind.

3147. Have you found none of those modes of treatment so satisfactory as the treatment by mercury?—I think not.

3148. You are, I presume, familiar with all that was done during the Peninsular War, by Rose, Guthrie, and Hennen?—Yes; but they have opportunities in military hospitals that we have not. Our object is to get the men well as fast as we can, and to get rid of them; we cannot keep men under treatment for six months.

3149.—Do you think that in the cases published by those gentlemen the treatment was more prolonged?—Yes, I think it was; I am satisfied that mercurial treatment does hasten, in a majority of cases, the removal of the symptoms.

3150. What do you think would be the effect, if no treatment at all were adopted?—I think that would depend a good deal upon the constitution of the individual; it might go on from bad to worse, or it might wear itself out. The individual might, probably, recover entirely; I think in many cases, in healthy persons, that that is very likely to take place—that they would recover in time.

3151. Are you an advocate for the singleness or the duality of the poison?—I have entertained different views at different times upon that point, and I am hardly able to say now that I am positive about it. I think that one poison, with certain varieties, is sufficient to account for all that we see. My principal difficulty is with regard to the papular forms of eruption, or the lichenous which seem to differ considerably in some respects from other forms of syphilitic eruption; the others, I think, are only modifications, the one of the other.

3152. Why do you select the lichenous forms as raising the difficulty?—I have not seen any transition forms between those and the others. In the leprous forms I think you can watch the transition cases, between that and what may be termed cutaneous syphilitic tubercle, and, in the same way,

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between ecthyma and rupia, there are endless varieties which link in, the one with the other. There is something very curious both in the primary sores and in the secondary sores. There are classes of sores which I have frequently seen in men who have come from China or India; what might be termed phagedenic sores, but which by no possibility could you check, for they were as intractable as a cancer, destroying the whole penis, and sometimes the scrotum, and eating under the arch of the pubis. That is a peculiar form of syphilitic disease, if it be such, that I am not acquainted with as occurring in this country.

3153. You say, "if it be such." Do you identify phagedena with syphilis?—I am not quite certain. I have never seen any secondary affections from this particular kind of sore.

3154. Do you think phagedena is syphilis?—I think it is only a variety of syphilis, where a sore takes on that peculiar phagedenic action, from some peculiarity, either in the case, or the constitution, or habits of the patient.

3155. Do you ever treat that form of phagedenic disease with mercury?—No, certainly not, in the first instance. I should say not, as a general rule. I have generally relied upon local applications.

3156. Is mercury competent to contend with ulcerative action?—In the form of indurated chancre it certainly is.

3157. That is not ulceration—I mean positive ulceration—large wounds which have to heal by granulation?—It is beneficial in some cases certainly; in the case of rupial sores, and of large serpiginous ulcers, minute doses of mercury act very beneficially.

3158. Are those minute doses equivalent to the dose which you give in the other form of the disease which you have spoken of?—Yes; about one grain of mercury in twenty-four hours.

3159. Have you seen benefit arise from the mercurial action in those ulcerative forms of phagedena?—Yes; in those cases that we call tertiary syphilis. I believe that mercury acts beneficially in those cases, conjoined with good diet.

3160. Do you think that sores produce their like, necessarily?—That I have had very little means of telling. The men alone come under our observation. I have not had sufficient experience to give an opinion upon the point, but I have reason to believe that there is no necessary connexion between the kind of sores that a man may have and the nature of the disease under which the woman may suffer. The very virulent phagedenic sores may arise from connection with a woman who, to all appearance, is not affected with any serious complaint. If she had a sore of the same kind, she could not go about or pursue her vocation; and yet a man may come in with a sore contracted from women who themselves present little signs of disease. That is the only observation that I should make upon that point.

3161. Have you had any experience of syphilisation?—No; I have not.

3162. Do you believe that secondary disease can communicate disease?—I am not aware of any instance, except in the case of nursing infants.

3163. You quote the phagedenic disease as being likely to be taken from a woman. Do you extend that to other forms of sores?—You have not the same argument. A woman may have an indurated painless chancre, or next to painless, and she may not suffer much from it; but a man may get it from her. I speak of cases in which a man has a very bad form of syphilis taken from a woman who has apparently little or nothing the matter with her.

3164. Inasmuch as the phagedenic sore may be obtained from a

woman who has no phagedenic sore, do you go so far as that in the case of the hard sore; or is it likely to be limited to the phagedenic sore?—I have no means of judging, but it is not improbable.

3165. Do you consider that, under any circumstances favourable to its production, syphilis can be produced spontaneously?—I have never seen any reason to believe that. No instance of the kind has occurred to me.

3166. Have you any evidence to give as to immunity from a secondary attack of syphilis, in a man who has had it once; say a hard chancre?—I should say that he could have it more than once. I have seen men several times who have come in certainly more than once with sores. I cannot say whether they were indurated or not, on each occasion, but we have often had men in more than once with primary sores.

3167. Have you any knowledge with regard to inoculation?—No. I have never tried it.

3168. *Dr. Balfour.* In your experience on board the "Dreadnought" have you seen any cases which you supposed to arise from the excessive or indiscriminate use of mercury?—I cannot say that I have.

3169. Do you think it probable that the peculiar action of the phagedenic sores to which you alluded in men coming from India and China resulted from the scorbutic condition of the men after a long voyage?—No; I eliminated that from the question.

3170. Do you think that the peculiar forms of sores are determined in any degree by the peculiarity of the constitution?—I have not been able to trace it, except that men who have been drinking hard, or, as sailors call it, "knocking about," very often come in with greatly inflamed sloughing sores, which I attributed to their neglect. They come in in a most serious state, evidently owing to neglect and to drinking and repeated connections.

3171. Should you consider that a man who had had an indurated sore would have in a similar state of health an indurated sore a second time instead of any other?—No; I cannot say that I should.

3172. I mean that he would always in that state of health have an indurated sore?—I have never connected an indurated sore with any particular constitution.

3173. Have you directed your attention to the prevention of disease among sailors?—No; it never came within my province.

3174. *Mr. Cock.* You have destroyed sores to a very large extent?—Yes.

3175. Having applied caustic or nitric acid, or both, and made the sore heal very fast, and after the healing secondary symptoms have come on, did the cicatrix of the sore become indurated generally?—I am not aware that it did, or that I ever noticed that occurrence.

3176. I think you stated that that mode of treatment was not effective in preventing secondary symptoms?—Not necessarily so.

3177. Have you seen in a sore which has healed apparently well and kindly and healthily, that the cicatrix has become indurated afterwards?—I am not aware that I have ever noticed that occurrence; I do not remember it.

3178. How far does induration depend upon the locality of the sore, whether it be a sore on the corona, in the groove, or the internal prepuce, or on the body of the prepuce?—I think that they are most usually observed on the lining of the prepuce, or more so than on any other part, or about the frenum. It is not so perceptible on the glans itself; the most usual situation is about the frenum, or the lining of the prepuce.

3179. You would, of course, heal a sore as fast as you could?—Yes;

Mr. Busk. I look upon the sore as the cause of all the future mischief, and the sooner you get rid of that the better.

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3180. With regard to the iodide of potassium, do you consider that it has the same effect as mercury?—I cannot say that I ever noticed any beneficial effects from the iodide in syphilis, except for nodes and periostitis.

3181. Have you rubbed in mercury extensively?—Yes; I have formerly used it in that way very often, and where the throat has been affected, I have entirely trusted to fumigations to affect the system.

3182. Would you rub in under any particular circumstances in preference to giving mercury by the mouth?—I should not now do so; at one time we used to rub it, it was a troublesome and dirty proceeding, and I do not think that I have used it in that way for a great number of years. The administration of mercury in the way I have spoken of, and by fumigation, are the two modes in which I have administered it of late years. I think it is a matter of indifference how you get the mercury into the system.

3183. *Dr. Donnet.* You say that you give mercury in the case of an indurated sore?—Yes.

3184. Do you give it whilst the induration lasts?—Yes, certainly, until the induration is removed.

3185. Even though the gums become affected?—Yes; I give it for at least six weeks, and sometimes longer where there are secondary affections.

3186. Would you administer it whilst there was any syphilitic eruption on the skin?—Certainly not at the first outbreak; but when there is a feverish condition, which is frequently the case on the first outbreak of the eruption, I should commence the mercurial treatment at the end of a few days. I have sometimes found that syphilitic eruption sets in with a kind of eruptive fever; but if you give mercury in the small doses that I speak of, you never do any harm.

3187. Do you look upon these syphilitic eruptions as efforts of nature to eliminate the poison from the system?—I have never speculated upon that at all.

3188. How do you treat gonorrhea?—Usually by injection of a solution of acetate of zinc, or by cubebs and copaiba.

3189. Have you many cases of gonorrhea on board the "Dreadnought?"—A great many.

3190. Have you ever seen syphilis in a scorbutic patient?—Yes, often.

3191. Have you found any difference in the appearance of the syphilis in a scorbutic patient?—Yes, in the secondary sores; if a man has had secondary ulcerations or sores on his body, they are very much modified in a scorbutic patient in their appearance.

3192. How would you treat syphilis in that case?—I should put a man upon milk diet, and give him fruit, and get rid of the scurvy, before I did anything else.

3193. *Mr. Quain.* In the cases which have been referred to by Mr. Cock, it would appear that very extensive amputations of the prepuce were at one time made by the Assistant-Surgeon on board the "Dreadnought," who used to place great reliance in that practice?—If a man came on board with a sore on the prepuce of small size he used to circumcise it always, because he thought that that was the quickest way of getting rid of it. I am not sure that he was not right, although it was rather a severe remedy. That was the only form of excision that I have known.

3194. Did the sore in some of those cases assume a syphilitic appearance?—Sometimes it did, certainly.

3195. Was that practice on the whole found to be useful?—I am not prepared to say what the result was, they were not my own cases; but I rather think, that except in the case of a long narrow prepuce it is a proceeding that should be avoided. I am sure that when a contracted prepuce is divided the incised surface will occasionally take on the same action.

3196. You stated that you had seen severe constitutional symptoms follow trifling sores which had soon healed?—Yes.

3197. Do you remember whether there was any local induration in those cases?—They were so small that it might not be noticed. I was alluding then to very small rents apparently of the frenum. I have known most severe symptoms follow the most trifling sore that has healed in a few days, and in which no mercury had been given.

3198. Do you use mercury for the soft sore as well as for the hard sore?—Not generally. I place more reliance upon it in the hard sore than in the soft, but I have given it in all forms of sores, except the active phagedenic sloughing sore.

3199. As a rule, you do not give it in the case of a soft sore?—If I was sure that it was a syphilitic sore, I should; but sometimes you get a sore, and you cannot be sure whether it is a syphilitic sore or not, or a sore requiring mercury, and in those cases I should not give it unless I was satisfied that the sore was really a syphilitic sore by its obstinacy in resisting treatment.

3200. How would you distinguish a syphilitic sore?—In the case of simple sores, the character that I should assign to them would be according to the obstinacy with which they resisted the ordinary simple treatment, that is to say, if a person had a pinch, or the skin was abraded, in the ordinary mechanical way, it would heal up in a few days by any simple application; but a syphilitic sore would remain open and enlarge.

3201. If a soft sore was obstinate and slow in healing you would give mercury as a mode of healing it?—Certainly I should.

3202. You have stated that at one time you treated a large number of cases without mercury; did you mean both the sores and the constitutional disease?—Yes; when these questions were very much mooted I frequently treated cases without mercury.

3203. Was the result of that treatment that they were slow to get well, or that they did not get well?—They did not get well in the same time that I am satisfied they would have done with mercury. I speak more particularly of the indurated sores.

3204. Have you ever treated the constitutional disease when there have been eruptions on the skin, a falling off of the hair, and enlargement of the glands, without mercury?—When I once recognised secondary eruptions I should have given a man mercury.

3205. Have you ever made a series of experiments on the treatment of the constitutional disease affecting the skin and throat, and other parts of the body, without mercury?—Yes; I have frequently treated cases without mercury by the administration of iodide of potassium and sarsaparilla, but I am not prepared to state any definite results from those experiments.

3206. Could you afterwards do so?—No, I could not.

3207. Have you, in disease of the throat, used fumigation locally or generally over the body?—I have used fumigation to the throat with a funnel, employing the grey oxide of mercury.

3208. *Dr. Wilks.* Referring to the excisions, I wish to ask you whether you have often seen a sore removed which had subsequently put on syphilitic action?—The cut surface?

3209. I mean the wound; has it often put on that action?—Yes, certainly, I have seen that often, not so much in my own experience,

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because I never practise excision, but where the prepuce has been slit up to expose a sore underneath.

3210. Was that done indiscriminately in all sores?—In all sores on the prepuce, at least I do not know whether it was done indiscriminately, but it was done in a great number of cases.

3211. I do not think there was at that time of day any division made between the truly infecting sore and the non-infecting sore?—No; I think that if there is a sore inside the prepuce, the chances are that it is a syphilitic sore.

3212. The question is, whether the practice of the gentleman referred to, was to remove all sores when he could do so on the prepuce?—Yes, he must have done that.

3213. You have, I believe, answered the question as to when you consider a patient safe against constitutional symptoms?—Yes. I am quite uncertain as to that, for I believe that a man can never be said to be safe from the secondary symptoms after having had an indurated chancre. I do not know the length of time that would make him quite secure. I believe that tertiary syphilis—that is, the sub-cutaneous syphilitic tubercles, sloughing and suppurating—rarely occur within three years after a primary sore.

3214. Has a man ever applied to you for treatment with constitutional syphilis, who has stated that he has never had a primary sore?—Yes; I have often heard a man say that; but then, generally, as far as I recollect, I have always found that they had lost the frenum, or that there was some indication that they had had a sore there. No reliance is to be placed upon what a man says under such circumstances. Upon examination we have generally found that the man had had a sore, although he might not have known it.

3215. Do you admit the possibility of virus being introduced into any other part of the body?—I have never seen an instance of it, except in the rectum. I have seen chancres there, certainly, more than once, and about the verge of the anus, which is not an infrequent seat of primary sores.

3216. Do you think that they are as characteristic on that part of the body?—Yes, as indurated sores, and attended with secondary eruptions.

3217. I was going to ask you whether, if you had seen a primary sore on any other part of the body, you could distinguish it?—Yes; I could distinguish it by the induration, and by the person suffering from secondary syphilis afterwards.

3218. Do you remember cases in which a patient had a soft sore with a peculiar eruption, rupial or ecthymatous rash, not the papular or leprous, and whether those patients had other evidence of constitutional disease, affection of the bones, or sore throat?—I cannot remember the sore throat, but the white patches about the mucous membrane of the tongue and inside the cheeks, are exceedingly common in leprous eruptions. I look upon that as the same form of eruption occurring on the mucous membranes of those parts simply modified by situation.

3219. You have mentioned a class of cases in which you rather saw rupial affections, do you recollect whether those patients had the ordinary constitutional symptoms, and whether they had the others, the common affections of the bones, or sore throat?—I think I have seen nodes in those cases, but I am not certain.

3220. Do any patients ever die from syphilis?—I have seen a good many who were worn out by syphilitic disease, incurable syphilitic disease.

3221. What has been the immediate cause of death?—Disease of the bones, and generally cachexia, universal chronic ulceration of the surface

of the body, disease of the throat, ulceration of the trachea, and sometimes destruction of the epiglottis.

3222. Have you observed disease of any special organ, such as the brain, epilepsy?—Yes; softening at the base of the brain, and thickening of the dura mater, and disease of the internal table of the skull, attended with suppuration.

3223. Do you know whether, upon post mortem examinations of so-called cases of phthisis after syphilis, the lungs have presented any peculiar appearance?—No; I never noticed that. I think that a peculiar affection of the liver has been described since I paid attention to the subject. I have seen ulceration in the trachea, and great constriction in consequence of that; and I suppose that everybody has seen ulceration of the larynx, accompanying syphilis, and destruction of the throat. I have seen that in persons often, due to syphilitic disease

3224. Do you recognise gonorrheal rheumatism?—Certainly.

3225. *Dr. Babington.* I think you stated that you had not seen sores upon any other part of the body besides the genitals or rectum; have you not seen them upon the hands of the students?—I have seen them upon the hands of the nurses.

3226. Were you able to recognise them at once in the same way, and tell whether they were indurated or soft sores?—I forget that circumstance.

3227. Did you know them for syphilis?—Yes; it is a sore that would not arise under any other circumstances.

3228. Has a sore in those cases led to constitutional symptoms?—Yes, I have seen that more than once.

3229. Do you regard that as a general affection and not as a venereal affection?—It is the constitutional disease.

3230. But it is not necessarily venereal, because the nurses do not contract it by any venereal act?—Not in that sense of the word.

3231. Do you consider the cases that are met with on board the "Dreadnought" worse than those which occur in other hospitals, and do you see very bad cases sometimes?—I should think that we may occasionally get a worse case than you will generally see elsewhere.

3232. Do you think any difference arises from the climate from which the men have come?—Yes; the difference that I have mentioned in men coming from China and the East; those peculiar intractable eating sores.

3233. Not in cases of men coming from cold climates?—No.

3234. Do you think that the locality of the "Dreadnought" is unfavourable to syphilis or otherwise?—No; I think not.

3235. Do the cases run a worse course than you think they would upon high ground?—No; I do not see any reason for thinking that at all.

3236. Have you any faith in sarsaparilla?—None at all.

3237. You do use iodide of potassium?—For periostitis only.

3238. From your experience of sailors and their habits, can you suggest any means for protecting them from disease; as, for instance, by having an examination made of the women in the brothels, which they frequent, or any improvement in the position of the men by establishing Sailors' Homes for instance?—I should think that providing clean and wholesome lodgings for the men, like Sailors' Homes, must be an useful thing.

3239. *Mr. Spencer Smith.* To what do you attribute the frequency of phagedenic sores on board the "Dreadnought?"—I know of nothing, except the bad habits of the men. Generally, when they come ashore they set to drink, and they perhaps eat very little, and drink a great

deal, and they are incessantly going about with women with all kinds of disease upon them; and in that way they get very foul sores.

3240. I think you stated that the men came to the "Dreadnought" with these sores upon them, and that they do not arise in the ship?—Yes.

3241. Do these phagedenic sores appear entirely irrespective of climate?—I think they are entirely attributable to depraved habits of body in the men.

3242. And the state of the constitution at the time?—Yes.

3243. So that wherever they had been they would have the same kind of sore?—I think it is very probable.

3244. Irrespective of climate?—It has been always in the same climate that I have seen them.

3245. The men came in, I suppose, from various places?—They come generally from up the river, from Wapping, Poplar, Limehouse, Gravel-lane, and those places.

3246. They were not men who had come from a foreign climate?—Not always by any means.

3247. Have you ever seen a sore which you would at first say was a soft sore, become indurated in the course of its progress?—Yes, I think I have; but, as I have already stated, we do not often get men quite at the commencement of the disease; they generally come in after they have been affected for, perhaps, some days, or it may be, weeks.

3248. In the course of treatment has a sore become indurated?—I do not recollect noticing that circumstance, except, I think, in cases of small sores about the frenum. I think I have noticed induration coming on in those where it was not present at first.

3249. With regard to ablution, do you think it would be useful if men had the means of using it?—Yes, no doubt of it.

3250. Do you believe that the syphilitic poison can find its way into the system without an abrasion?—I should be inclined to think that it did so occasionally.

3251. Therefore ablution would be very useful in all such cases to prevent the poison from remaining a long time in contact?—No doubt ablution with soap and water is as good a prophylactic as anything, if it were always done.

3252. I presume the class of men who come to the "Dreadnought" belong to a general class throughout the country, the same as those at Portsmouth, Devonport, and Chatham: their habits are the same, their ages are the same, and the chances are that the constitutions are much the same?—Yes.

3253. How then can you account for the larger prevalence, I do not say how large, of phagedenic disease in the "Dreadnought" than in the garrison towns or hospitals in the country?—I am not prepared to speak as to the proportion of the phagedenic disease. I have seen many cases, but they do not form a majority of the cases by any means. I have seen a great many, but have reason to believe they are much less frequent now than they were many years ago. I remember that at one time they were by no means infrequent in the Borough Hospitals, whatever may be the case now. It is probable that men very often do not come with slighter sores, or unless the thing disables them, for a seaman would think nothing of going to sea with an indurated chancre.

3254. Several gentlemen who have been examined before the Committee, and who have given the results of a very large experience, have been, I might almost say, unfamiliar with phagedenic sores. One gentleman stated that he had seen only two cases in several years, and you are

almost an exception to the rule?—I think that it results from dissipation, and from neglect on the part of the men themselves. *Mr. Busk.* 2 May, 1865.

3255. Do you think that the cases in general on board the "Dreadnought" do as well as in hospitals, or that the locality of the ship, or a miasma from the river, might exercise any effect?—I do not think that cases of the kind we have been speaking of are affected in that way.

The witness withdrew.

Tuesday, May 9, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Langston Parker, Esq. (Surgeon to the Queen's Hospital, Birmingham), examined.

3256. *Chairman.* You have seen a great deal of venereal disease?—A great deal. *Mr. Parker.* 9 May, 1865.

3257. In your book you quote cases by thousands?—I have seen many thousands of cases.

3258. Do you attach importance to the division of the sores into hard and soft?—I do.

3259. I observe that in your work you do not dwell much upon that?—No, I do not, and I have been blamed for not having dwelt more upon it; I shall do so in a subsequent edition. The book is not as full as it might be upon that point; still I do attach very great importance to it.

3260. What kind of importance do you attach to it?—With regard to the constitutional taint in the first instance, there is none probably in the second; but I wish to be clearly understood. I do not think that the soft sore is always not followed by a constitutional taint, because I have seen a number of instances of the soft sore,—without a hardened base or without hardened edges, secreting pus profusely,—and I believe, in some instances, not in many, followed by constitutional taint.

3261. You would not guarantee to a man with a soft sore exemption from secondary disease?—No, I would say it was probable that he might not be affected by it, but I would not guarantee it.

3262. Do you consider that they are the products of the same poison?—That is a question that I cannot positively answer.

3263. Have you an impression one way or the other?—My impression rather leads to the unicity than to the duality of the poison. I wish it to be clearly understood that my mind is open to conviction upon that point, for I have not quite made up my mind about it. May I be permitted to say that the history of these sores is this, that they would seem to be the

Mr. Parker. product of two distinct poisons, and from this circumstance, that the nature, the pathology, and treatment, and consequences of both sores are entirely different.

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3264. Do you mean that you would treat the secondary disease consequent upon a soft sore differently from that which followed a hard sore?—Yes, and for this reason, where I have observed the secondary disease to follow a soft sore, it has rarely been of the scaly or dry character, but almost always of the pustular form.

3265. That is a different character of eruption, but how far does that involve difference of treatment?—I think very considerably. I have rarely seen the pustular form of syphilis yield to the same remedies that the scaly or dry form has yielded to. I think the treatment is essentially different.

3266. Am I to understand you to say, that you have observed that the secondary eruption following a soft sore is generally of the pustular kind?—Generally of the pustular kind.

3267. Have you not seen all the varieties follow the hard sore?—No. I will not say that I have not seen them; but I think it amounts almost to a law, that the eruption following a specifically indurated chancre—that is, the hard sore—not secreting much pus, with indolent glands in the groin, is almost always of the dry and scaly kind.

3268. Do you believe that an attack of constitutional syphilis gives a man exemption from a second attack, supposing him to have been thoroughly cured?—I do think so.

3269. So that no man will have the disease twice in the course of his life?—Not positively so. I do not say that; but in a vast majority of instances he will not. What I mean to say is this, that when a man has once had a well-marked attack of constitutional syphilis, it is exceedingly improbable that he will ever have an indurated sore, or a second attack of constitutional syphilis again. I think the exceptions are very rare indeed. I do not think I have ever seen an exception. I have read of one or two, but I do not think I have seen one.

3270. Where you have a syphilitic sore coupled with positive induration, do you almost invariably look for the character of the eruption classed under lepra and psoriasis, and the dry forms?—Yes; and I wish to give one explanation as to induration. The induration following a primary sore is very commonly of two kinds; there is what I call a specifically indurated sore—a sore which does not secrete pus at all, or to a very small degree; it is commonly accompanied with an indolent bubo and enlargement of the glands in each groin. But there is another kind of induration which very commonly accompanies what is called the soft sore. I should say a pus secreting sore, and the base of such a sore, after two or three weeks, very frequently becomes enlarged and hard, and the sore raised from a simple effusion of lymph round the base of the sore, which gives it the appearance of induration, but which is not a real specific induration.

3271. Have you seen induration precede a rawness or ulceration of the surface: or, in other words, have you seen the first manifestation of disease in the form of induration, or where there has been an indurated mass under the duplicature of the prepuce, or elsewhere, upon which there was no abrasion?—Yes; but I fancy that there might have been an abrasion there in the first instance. In the sore to which I have alluded, it becomes a test very frequently of its character, the glands of the groin are not at all affected, or if they are affected, very likely the bubo runs on to suppuration, which it does not do in the other form.

3272. Have you seen the secondary disease frequently accompanying the primary disease, attended by suppurating glands in the groin?—No.

3273. Have you seen cases of secondary disease preceded by suppurating glands in the groin?—Very rarely indeed. The law I think is, that where the glands in the groin suppurate, no secondary disease follows, to which there is very rarely any exception; if the test of inoculation be applied to the secretion in the groin, and that produces a simple sore, which is another soft chancre, I think secondary symptons never follow.

3274. If you can inoculate from the matter of that bubo and produce a pustule, there will be no secondary disease?—I believe never; but there are many explanations to be given of that.

3275. You say in your book, that a sore which is soft at first, may become indurated afterwards?—Yes; but that would refer to the second form of induration which I described. You frequently find that the hardness in the soft sore, which I have described as the second form, does not come on for several weeks afterwards. I mean to say this, that when a soft chancre becomes indurated by an effusion of lymph round its base, that effusion sometimes does not take place for many weeks after the first appearance of a sore; the period is very uncertain. With regard to the specific form of induration, it assumes sometimes the form of a dry superficial sore, the induration does not come on for many days afterwards; in both it is sometimes a long time before the induration appears, the time is very much longer in the one than in the other.

3276. You do not consider that a genuine induration?—Certainly not; the second form. I think that the condition of the glands in the groin also, as accompanying that form of induration, is one of the best tests of its nature. I think, as far as my observation goes, that I have seen three forms of primary syphilis.

3277. You use the words "primary syphilis;" do you call all these syphilis? No. I presume you understand by the word "syphilis" constitutional syphilis.

3278. Yes?—Then the other is, in a great majority of instances, a local disease.

3279. You do not apply the term "syphilis" to the form of disease that does not produce constitutional affections?—No; perhaps it is wrong so to apply it, although it is commonly so applied. The three forms of sore are literally reducible to two, that is, the simple soft sore seated on a healthy skin, without induration at its edges, or without induration of its base, secreting pus profusely. The history of that is, that it may or may not be accompanied with an enlarged gland in the groin; if it is, that gland almost invariably suppurates. Then there is another form of chancre, where the base of the sore becomes indurated, simply from its long continuance with an effusion of lymph round its base and the ordinary attack of inflammation. Those are the two orders of soft sore, and they constitute merely but one sore.

3280. It takes weeks, does it not, to deposit that?—Very often twelve or thirteen weeks, or even longer. I have seen that kind of sore open for three and four years. Then the other form is the sore which does not secrete, and which is specifically hardened from the first, accompanied with enlarged glands of the groin, which is almost certainly followed by secondary symptoms, but rarely followed by suppurating bubo; almost never.

3281. You have expressed the opinion in the work you have written, that it is possible to communicate the disease from one sex to the other in the secondary form?—Yes.

3282. Do you adhere to that opinion?—Yes.

3283. Have you any further evidence to give upon that point?—Yes, I can give a great deal more.

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3284. Will you be good enough to do so?—I have seen, although it is rare, the scaly disease communicated frequently without any intervention of a primary sore. I can call to mind four or five instances which are fresh in my memory, of husbands who had been diseased before marriage, and had married during what I may call a truce of syphilis; there was no evidence of disease when the patient married, but he had a second attack of lepra after marriage, without the occurrence of any fresh primary disease. The disease has been communicated to the wife without any local lesion whatever. As to a communication of the soft form of the disease—what I mean by that is, where you have a secondary venereal ulcer consequent upon the softening of a tubercle, or the softening of a pustule—that is also communicable; but it is communicable in a different way, you must have a secreting surface on one party, and you must have an abraded or absorbing surface on the other. These are the two elements which are necessary for the communication of the secondary soft sore.

3285. Have you had opportunities of detecting the identity of a sore in a female from that which has been presented to your notice in the male; or do you believe, that any given sore is the product of a similar sore in the female?—I think so generally; but, as far as my observation has gone, I could not positively say, although my experience would lead me to the opinion that sores generally communicate their like; but I think it must be admitted, as far as my observations have gone, that the hard sore is very much less frequently found in the female than in the male. Generally speaking, sores communicate their like; but I do not think that that is the case in all instances. As to the secondary disease, I am sure it is not so, because I have known a soft secondary sore in the vagina or in the labia of the female produce an indurated sore in a male who had never had syphilis.

3286. Do you believe that, under any circumstances favouring it, syphilis is capable of being produced spontaneously?—I have seen gonorrhœa so produced occasionally, but not syphilis. As to the question of syphilis being produced spontaneously, I may say that I do not believe it.

3287. You believe that the soft sore and gonorrhœa may be so produced, but not syphilis?—Not syphilis; I never saw it.

3288. You are not a very violent partisan, I think, for the use of mercury?—By the mouth, certainly not.

3289. You have quoted a writer who says that the non-mercurial treatment is the base of all rational practice?—Yes.

3290. You draw a very marked distinction as to the periods when you would administer mercury and when you would not; you object to it in what you term the inflammatory or early stage?—Yes.

3291. You restrict its use to the latter stages?—Yes; quite so.

3292. Do you think that the treatment by mercury gives any exemption from the secondary disease?—No; I do not.

3293. Do you think that it prolongs the interval between the primary and the secondary disease?—I do think so.

3294. You attach great importance to management, diet, and rest, and simple dressing, in the treatment of the disease generally?—I do; as to the local disease, I think that rest, especially rest in bed, quietness, ablutions, and warm fomentations are good.

3295. You adopt an antiphlogistic regimen generally; but in what form do you give mercury?—I do not use mercury generally; I abolish mercury entirely, either internally, or by friction, or in the form of vapour in the soft sore, unless the sore has continued open for a very long period of time, has become indolent, and has resisted all other modes of treatment. Under certain circumstances I have found that mercury can heal such a

sore; I will not say that it generally does so, but I think it worth a trial in some cases; I have seen it succeed in many cases of that kind, but I should abolish the treatment of a soft chancre by mercury altogether as a rule. In a sore specifically indurated, I should give mercury with one object, not to prevent the secondary taint which would follow that sore, but to heal the ulcer itself, which will not heal sometimes without mercury. It will resist sometimes all other modes of treatment, except the mercurial; but although mercury does not prevent the constitutional taint, it is sometimes the most powerful therapeutical agent you can employ against it.

3296. *Mr. Cock.* Have you ever destroyed a sore?—Yes.

3297. In what way?—I have destroyed sores in several ways. I have destroyed them with nitrate of silver; but I should abolish that as not being sufficiently destructive, it does not completely destroy. There are many escharotics now employed for this purpose. The most recent are sulphuric acid made into a paste with charcoal, or chloride of zinc, made into a paste with flour or plaster of Paris. I generally use the acid nitrate of mercury, of the Pharmacopœia of 1864.

3298. Do you use escharotics in every form of sore?—No, not in every form, certainly not.

3299. In what form do you use them?—In the soft sore. It appears to me that the object of applying an escharotic is with the view of preventing the local ravages of a sore, and converting what may be called a specific sore into a common one; but that, in my opinion, can only be of use in the soft chancre, looking as I do upon the indurated chancre as the manifestation of a constitution already tainted. I cannot see the object of destroying that sore with caustic.

3300. You cannot always ascertain whether a primary sore will become indurated or not?—You cannot.

3301. Do you think it ever happens that you destroy a sore which would have been an indurated one, in its early stage, and that thereby you prevent the constitutional symptoms?—I do not know; I think that that is a question very difficult to answer; I have destroyed sores within half-an-hour of their appearance, and in one case the sore appeared perfectly soft. The patient said that he had not discovered the disease an hour, and I destroyed it completely and perfectly to a quarter of an inch in depth, and yet there never were worse secondary symptoms seen, than those which followed the destruction of that sore.

3302. Did the cicatrix become hard?—Yes, after the sore had healed, and it commonly does so. In this case not only was the man diseased, but his wife became diseased too.

3303. What period had elapsed between the impure connection and the first appearance of this sore?—That I cannot tell; but I may make one remark upon that point, which is, that the incubation of the hard or specific sore is so long that it has almost lost its character. If a man comes to you, and says, "I have got a chancre on my penis, and I have had no connection for six weeks," the sore is almost sure to be of the indurated or specific kind, and the man is almost sure to have secondary symptoms. In those cases I look upon the sore as the first manifestation of constitutional taint. The incubation of that sore is very long sometimes.

3304. Do you think that six weeks would be the usual time?—No. I think it would be earlier than that. I have seen it later. I have noted in many cases five weeks and six days, six weeks, and two months; and even in one case three months, where I had no right to doubt the gentleman's veracity, for there was no occasion for concealment. The intercourse had taken place at Naples, and the sore did not make its appearance

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until three months afterwards, and lepra occurred with the sore, which is commonly the case.

3305. *Dr. Donnet.* In the destruction of the soft sore by escharotics, have you observed that a suppurating bubo follows?—I cannot say that it always does. I think that the application of nitrate of silver frequently causes so much pain, that it may favour the occurrence of bubo. Such is the common opinion, I know, but I cannot say that I corroborate it.

3306. Is it your opinion that the pus of a suppurating bubo is auto-inoculable?—In some forms certainly.

3307. Do you think that the cauterisation of a bubo would destroy this property?—Do you mean when the bubo was opened? Not in all cases.

3308. After you had destroyed it, would the secretion from that bubo be also inoculable?—I have seen two cases, but one in particular, and in that case the bubo had been destroyed time after time by every conceivable escharotic, not excepting the actual cautery. The patient had been placed under chloroform two or three times, and the whole surface of the sore had been sloughed repeatedly by the actual cautery, and I believe that every escharotic had been used; but it still remained, and was inoculable at the end of four years, and is so now. I believe that it is impossible, in many instances, to destroy the virus in that way. I have seen another instance of the same kind, and several such cases have been quoted by French writers, in which that kind of sore has been open for three or four years. In one case the ulceration had wandered down the thigh and up to the abdomen, and round to the back healing in one place and not healing in another.

3309. How do you treat phagedena?—That is a question which it is very difficult to answer. Sometimes everything fails; irrigation sometimes does good, but I have seen everything tried, and I have seen everything fail in phagedena. I believe it is an open question, and I must confess that if you ask me, what would certainly cure it, I cannot tell you.

3310. Do you consider that phagedena is syphilis?—That secondary ulceration, or phagedena, of which I have spoken, not accompanied with buboes, must be the result of a local poison, or virus of some kind. According to Mr. Skey's interpretation of the word "syphilis," it is not syphilis, because it is a local poison, and not a constitutional one. There are no other constitutional manifestations attending it.

3311. Is it a disease *sui generis*, or dependent upon a syphilitic virus?—The syphilitic virus originated it, but still it may be considered in the latter stages of the disease *sui generis*, and dependent upon the state of the constitution.

3312. *Mr. Quain.* You have stated that the pustular disease and the scaly eruptions required a different mode of treatment. Will you be good enough to state what difference you make in the treatment?—With regard to the dry and scaly disease, I think it almost invariably yields to mercury, but the pustular form of the disease does not so certainly yield to it.

3313. You use different remedies in that form of the disease?—Yes, it depends very much upon the constitution of the patient and other circumstances.

3314. Has the proportion of the relapses in the constitutional disease, in your experience, been great?—I think that in most cases there are relapses after the first attack of the constitutional disease. If it has disappeared, it has only disappeared for a time; it reappears, I think, under every form of treatment, but not in the same degree, and it ultimately dies out. With regard to the scaly disease, I think the law is that it relapses four or five times, and then perhaps you see no more of it.

3315. Although the individuals have been judiciously treated with mercury?—Yes; either with mercury or without mercury, and some persons would say that mercury caused it.

3316. In what form have you been in the habit of administering mercury?—The two forms upon which I chiefly rely are friction, and the use of moist mercurial vapour.

3317. To what extent do you carry the treatment; how do you determine when to discontinue its use?—I should stop it when the symptoms of the disease had disappeared, at least I should continue the treatment for a short time afterwards, say a week or ten days, or a fortnight, and then I would leave it off.

3318. Do you carry it as far as salivation?—No; that is not necessary, for I do not think that salivation gives a patient the least immunity from a relapse.

3319. Do you believe that the use of mercury is indispensable in the treatment of the constitutional disease, or only that it is the best mode of treating it?—I do not believe it to be indispensable, because I believe that many forms of constitutional disease might die out without treatment; but I believe that it is the most powerful therapeutical agent that you can employ in causing the secondary symptoms to disappear. I think that the part which mercury plays in the cure of constitutional syphilis is this, that it causes the symptoms to disappear; you cannot say that it cures the disease; but the symptoms of the disease disappear under its use. If it cured the disease there would be no relapses; but after treatment by mercury, relapses commonly become more feeble, and then they die out. I allude especially to the scaly and dry form of the disease; mercury certainly has not the same effect on the other forms of the disease, such as the tubercular form, or softened pustules, as it has over the scaly and dry form.

3320. In the relapses which follow after the use of mercury, do you again recur to the use of it in the treatment of the disease?—Yes, in some relapses I do. In relapses of the dry form of the disease, I am very particular upon that point, because I think the difference of treatment is very great between the dry form and the soft or tubercular form. I should except the pustular and tubercular forms.

3321. What medicines do you use, or have you the most reliance upon in the treatment of the pustular or tubercular forms of the disease?—I think the iodides with bark are generally the more useful; and sometimes the mercurial vapour will cause the tubercles to soften and disappear without suppurating.

3322. Have you often observed the effects upon the constitution of a person after the disease had been apparently cured, and whether they were liable to other diseases, such as phthisis?—No, I think not, in a great many instances, unless the patient were disposed to such a disease, not having had syphilis.

3323. Have you frequently seen new-born children affected with syphilis?—Yes; in a number of instances.

3324. Have you seen the disease in children without there being any apparent disease in either of the parents?—In the case of the mother constantly.

3325. Without apparent disease in the father?—No. I mean to answer you in this way, that the father having had at some period of his life, prior to marriage, syphilis, but not having it at the time of marriage, shall marry a healthy woman, who shall give birth to a diseased child, but she shall never exhibit any symptoms of taint whatever.

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3326. The father at the time being apparently free?—Yes: but having had the disease before.

3327. Did that father continue to be free in all appearance from disease afterwards, or was there any after appearance of disease?—He has had a secondary attack after marriage.

3328. Has that been the case in other instances which you have seen?—Yes.

3329. There has been an after appearance of constitutional disease in the parent?—After the mother has given birth to a child.

3330. Should you use the same form of treatment, mercurial treatment, for a new-born child that was diseased?—No; I invariably depend upon mercurial friction for the child. My plan is this: I generally have the child's feet washed clean, and I take a large lump of mercury in the shape of ointment and smear it over the sole of the foot every day, and let the child wear a pair of woollen socks; no one knows anything about it in that way.

3331. Has such treatment in a large proportion of cases been successful?—Yes, almost invariably.

3332. Is the mortality among such children great?—No, not when so treated; as a rule they get well.

3333. *Dr. Wilks.* You have stated that secondary disease in a woman would produce disease in a man; does it necessarily produce a local sore in the first place on him, or what is the first effect?—I can call to mind a case which has come under my observation within the last eight months. A gentleman, who was perfectly free from syphilis, became acquainted with a lady with whom he lived—he was not married to her—and this case, I think, will answer the question. This person had no local manifestation, except a vaginal discharge. I believe that the gentleman had no other intercourse except with her, and he had an indurated sore, with the usual consequences; lepra and psoriasis followed it. I think it is commonly an indurated sore that occurs in such cases, if the recipient had been virgin to syphilis before, and I believe that women who often produce an indurated sore in a male, have frequently nothing but a vaginal or uterine discharge. I am certain that these uterine discharges in a woman who had had secondary syphilis, but had had no sore, produce frequently indurated chancres, and constitutional disease in the male.

3334. Have you seen a man with constitutional disease who had had no primary sore at all?—Yes.

3335. Do you think that he has got it in the way you have described?—Yes; I think that the constitutional disease may be communicated by a diseased person to a healthy person without the intervention of a primary sore; it may occur.

3336. Do you often find in the case of a man who has constitutional symptoms, but on whom there is no sore, that he has a discharge?—Not always.

3337. But sometimes?—Sometimes.

3338. Do you connect that with contagion?—If the discharge had been permanent I should connect it with contagion, but I do not think it necessary to contagion at all.

3339. You would not necessarily assume, without any doubt, that it must be an urethral chancre?—No, certainly not; my explanation of the thing would be, that it was merely produced by contact. There is another point about which I am quite certain, and it is that very frequently the semen of a diseased male diseases a woman without her having a primary sore, that she very frequently gets constitutional disease in that way.

3340. I infer, from what you have stated, that a woman may get constitutional disease from her husband, but do you believe that she may get it without becoming pregnant?—Yes; it has been disputed, but I believe that a constitutional taint may take place without the intervention of pregnancy. I believe that the cases are very rare, but I think that it more frequently takes place by the intervention of pregnancy.

3341. Does it appear to you that if it is considered essential, for the good of society, that all women primarily diseased, with actual sores upon them, should be placed in a hospital, that those having constitutional symptoms should be also so dealt with?—I cannot see why not, because I think that one is just as likely to produce disease as the other; perhaps not so likely to do so, but they are both liable, although one may not be quite so likely as the other.

3342. Have you had any experience of syphilisation?—None.

3343. What is your opinion upon it?—The remedy appears to me to be worse than the disease. I do not think that a man would like to carry about with him the cicatrices of perhaps a thousand chancres.

3344. Do you think that iodide of potassium acts more beneficially when mercury has been previously administered?—I do not know that it does: but with regard to iodide of potassium, I believe that the virtues of it have been in some respects overrated. I believe that the iodide of potassium causes many symptoms to disappear, but it very commonly happens that the symptoms recur again after the remedy has been discontinued.

3345. When a patient comes to you who has taken too much mercury into his system, what do you think is the best plan to adopt in order to get it out of him?—I should give him plenty of good diet, fresh air, and chlorate of potash.

3346. Would you give him any particular medicine?—Not beyond the chlorate of potash; I think that that answers very well in such cases.

3347. With regard to incubation, how long is it after the virus has been introduced into the system, that the system becomes affected?—I was asked in the early part of my examination whether I considered that there were two poisons or not. That question I did not feel myself called upon to answer, because I could not answer it fully, but the local manifestation of the poison is decidedly different; whether there are two poisons I cannot say; but the local manifestation of the virus is essentially different in the two cases.

3348. How long is it before the syphilitic poison is introduced into a person's system?—The period of incubation, or its manifestation, is sometimes after a long period.

3349. I think you stated, that before the induration appeared you had no doubt that the system was often affected?—I think so. Although you see no symptoms of its being affected, there is no doubt that absorption has taken place, and that the constitution has become affected before the local manifestation appears. I think there can be but little doubt about that. The cases which I have noted myself very carefully, and those which have been alluded to by other writers, I think put the question beyond any doubt. The manifestation of the soft sore is almost immediate; you sometimes see it in a day or two; whereas in the case of the hard sore it is sometimes as many weeks before it appears, I would say from sixteen to eighteen days.

3350. *Dr. Babington.* Do you believe that the virus of syphilis exists in all the secretions?—I cannot answer that question positively.

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3351. Do you believe that an infected nurse can communicate syphilis to the child which she nurses, not being the mother, through the milk?—Most unquestionably; there cannot be a doubt about it.

3352. When hereditary disease shows itself in the offspring, do you ever see primary symptoms?—Sores which assume the form of induration are sometimes met with, but, I think, not generally; a hard sore on the genitals of a child, born constitutionally infected, is rare; the genitals are generally free from disease.

3353. More commonly, secondary symptoms appear, eruptions, &c., do they not?—Yes, a puckering of the mouth; soreness of the tongue; hoarseness of tone; and snuffling of the nose.

3354. Do you find any difference in the severity of the disease according to age, or do young persons suffer more or less than older persons, or more the first time than at a future time?—I think that when a person contracts constitutional syphilis after 40 years of age he never gets well. I think that the later in life the constitutional disease is contracted the less probability there is of the patient ever being cured; but, on the other hand, infants generally get well, and it rarely returns in those children who do get well; sometimes it does, but children generally are very soundly cured, supposing them to be healthy in other respects.

3355. Are there any classes in Birmingham, particularly obnoxious to syphilis?—No, I think not; I have not observed it.

3356. Have you never practised syphilisation?—No.

3357. Have you ever practised inoculation as a test?—Occasionally, but not frequently.

3358. Do you believe that to be a perfect test?—To a certain extent I do.

3359. Speaking of a non-infecting sore?—Yes. With regard to the infecting sore, if you irritate it by putting a blister on it, or cut it out, it will secrete pus, and you get a sore sometimes that will inoculate directly.

3360. Will it produce its like?—Yes. I have been asked about Birmingham, but my experience has extended to many parts of the world. I have seen syphilis from almost all countries.

3361. Have you observed any difference in it?—No. I have occasionally had patients from India, who have not got well there, but have got well here.

3362. Have you observed any difference in those persons who are scrofulous, and that syphilis in them is more difficult to eradicate?—I think so.

3363. Do you consider gonorrhœa a specific disease?—I believe that gonorrhœa arises from a very great number of causes. I believe that gonorrhœa may be said commonly to arise from the introduction of irritating matter of some kind into the lining membrane of the urethra, and I believe that irritating cause to be extremely variable. I believe that the syphilitic virus itself frequently produces what is called an ordinary clap, and under these circumstances may be followed by secondary symptoms. I am quite clear upon one point, that I have seen persons who have never had any primary disease, except discharge from the urethra, suffer from the most formidable attacks of constitutional syphilis, who have never had a primary sore. I do not mean to say that these cases are frequent, but they do occasionally occur. I have never made a *post mortem* examination of any patient, and found any chancre in the bladder or urethra, but I am aware that some persons have done so, and that may explain the discharges; but I do believe, with regard to that contested point, that there are forms of discharge from the urethra

which are followed by constitutional taint where no sore exists; and if a patient died and was examined, I do not think that any sore would be found.

3364. Might that not be from the person having been previously affected with syphilis; and if all the secretions were tainted, why not that secretion which produced gonorrhœa?—I assume that he had not been previously affected; I believe that the discharge was the first discharge, and it was followed by constitutional taint.

3365. Have you been able to prove that it was so, or only thought that it was so?—I have seen several cases which I think could be referred to no other source. I know that some persons dispute it, but if you examine the subject and the facts carefully, I think it will be seen that such cases have occurred.

3366. Have you seen any specific consequences result from gonorrhœa, anything like efflorescence?—Frequently from gonorrhœa, but I do not call that a constitutional disease; that dies away again in a few days; roseola constantly follows. Roseola frequently follows an acute gonorrhœa, the discharge of which has been too quickly suppressed, either by the use of specific remedies or by injections.

3367. Independently of treatment?—Yes.

3368. What is your treatment of gonorrhœa?—I treat it in various ways.

3369. I mean with regard to injections; some persons are very much opposed to them, and others treat gonorrhœa simply with internal remedies?—My treatment of gonorrhœa is the following: If a patient consulted me with a clap just contracted, I should recommend him to live quietly, not exactly low, for I do not take away all stimulants, for I think that it prolongs the treatment sometimes a good deal, especially if a man has been in the habit of living freely. I should recommend him to foment the part with water, as hot as he could bear it, and give him simple diluents and alkalies for a few days, and then afterwards copaiba or cubebs; but I have latterly used, and it was recommended to me by Dr. Henderson of Glasgow, the oil of yellow sandal wood.

3370. Do you use injections?—Yes, occasionally, but never in the acute stage, only in the chronic stage; if I used them I should use simply a couple of grains of sulphate of zinc to half a pint of water, and a little laudanum; the more simple the better.

3371. Have you any faith in sarsaparilla in the treatment of the venereal disease?—None, as a curative agent.

3372. *Dr. Balfour.* From the answers you have already given you evidently believe in the existence of a syphilitic virus?—Certainly.

3373. Can you state any facts which prove its existence?—The results of inoculation, I think, prove it at once; on the one hand, the soft sore, and the constitutional taint produced, on the other. I know that there are persons who will tell you that mercury produces the constitutional symptoms, and that it is due to nothing else, but that certainly cannot be argued when no mercury has been given, and the history of the constitutional taint from an indurated sore, follows a certain law so correctly and so constantly, that I do not know of any other disease which may be reduced to certain fixed laws so well as an indurated sore and its consequences. I do not know of any other disease that produces them.

3374. *Mr. Spencer Smith.* Can you give the Committee any information with reference to question 14 as to the prevention of the disease?—I think that the chief preventive measures are: frequent inspection, complete and frequent ablution after intercourse, smearing the organ with oil or tallow grease before intercourse, for I do believe that if the organ

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was well smeared with an unctuous substance no infection could take place, also washing the part with alkalies, a solution of soda or potash, frequent inspection and instant destruction of every suspicious spot after intercourse.

3375. Have you read the Act for the Prevention of Contagious Diseases?—No, I have not.

3376. Should you approve of the establishment of Lock Hospitals for the reception and cure of prostitutes?—Yes; and frequent inspection of the women.

3377. Should you approve of police control being exercised over prostitutes, with a view to their treatment when diseased?—Yes; you cannot treat them except in a hospital.

3378. Do you think that more Lock Hospitals are required?—Yes; I think that that is most important; but I think the matter is surrounded with immense difficulties.

3379. Is there any other information that you wish to give to the Committee?—I think not.

The witness withdrew.

Friday, May 12, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Jonathan Hutchinson, Esq. (Surgeon to the London Hospital, and to the Metropolitan Free Hospital, and Assistant Surgeon to the Moorfields Ophthalmic Hospital), examined.

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3380. *Chairman.* You have taken a great deal of interest in the subject of syphilis?—Yes.

3381. You have made it a study for many years of your professional life?—Yes.

3382. Have you had many opportunities of treating the primary stages of syphilis?—A great many.

3383. What proportion of the cases which you at first deemed to be soft sores have been followed by secondary disease, and is that a common occurrence?—It is not a very infrequent one; I should guess that about once in thirty times a sore, which I had supposed to be a soft sore, was followed by secondary symptoms; I give that just at a guess, and not as the result of any calculation.

3384. Does that sore become hard before it heals?—Not invariably.

3385. That is to say, that a sore, primarily soft, shall go through its local changes as a soft sore, and produce secondary eruptions?—Yes; but that statement I make with this proviso, that the patients of whose cases I speak were examined only once or twice a week, perhaps not so often. I have records of several cases of which I took notes when watching the

sore; and at each note I still considered that sore a soft one, and yet the patient came back to me with constitutional symptoms. In some cases a patient has come with secondaries: I then referred back to my notes, and found that I had described his sore as a soft one.

3386. What was the character of the glandular enlargement of the groin in that particular sore; was it indurated, or of a suppurative character?—It was moderately indurated, I do not say that it was typically a hard one; but I think it was not suppurative in the cases I am now thinking of.

3387. Have you seen suppurating sores in the glands of the groin followed by secondary eruption?—Many times.

3388. Have you observed any peculiarity in the glands of the groin opposite to that in which they have suppurated?—I have seen the glands in both groins suppurate, and the patient suffer from well characterised secondary symptoms at the usual periods afterwards; I have seen that in several cases.

3389. Have you seen a suppurating line of glands below, and other glands above, which did not suppurate; and do you think that the suppuration extended as largely through those glands as it usually does in the case of a soft sore?—Yes, I think so, fairly extensive suppuration.

3390. If I apprehend you rightly, you would, under all circumstances, in the local sore, hesitate before you pronounced as to the result of its influence on the constitution?—I should certainly hesitate, but I should entertain a strong expectation that the soft sore would not be followed by constitutional symptoms, and a certainty that the hard sore would; but I do not go so far as to assure a patient, having a soft sore, that he is certain not to have secondary symptoms, because I have often seen them follow such sores.

3391. There is a great difference, is there not, in the degree of resistance in the indurated sore?—Yes.

3392. It is not always what has been termed cartilaginiform, but a mere thickening of the tissues around?—Yes.

3393. Have you observed, taking these extremes, that the secondary disease holds any relation in intensity to either one or the other?—I think it does; I think that the secondary symptoms are more severe in ratio with the character and the degree of the induration.

3394. I believe you do not treat the primary sores with mercury?—The indurated sores I do.

3395. But not the soft sores?—No.

3396. Do you treat the indurated sore invariably with mercury?—I do; I may state that I treated for two years, at the Metropolitan Free Hospital, all indurated sores without mercury; for the sake of the experiment I systematically desisted from the use of it, but I have now gone back to the use of mercury; I now always prescribe it for a primary indurated sore.

3397. Do you think that it hastens the absorption of the induration and heals the sore?—I should feel not the slightest doubt that the treatment by mercury hastens the healing of the indurated sore, and the absorption of the induration. I think there is no question about that.

3398. What influence do you think the treatment of a primary sore by mercury exercises on the constitutional manifestations?—I should not say that it exercises very much. I think that the influence is for good, but only slight. The secondary symptoms I think are rather lighter, but I should feel certain that it does not prevent their occurrence; they come out just at about the same time, I think. Taking a large group of cases together, perhaps they are rather lighter in the cases which have been

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treated with mercury than in those without it; but I have no strong opinion on this point.

3399. Do you treat the secondary disease with mercury, or with iodide of potassium?—With mercury.

3400. To what extent do you give it?—I generally give the bi-chloride of mercury in doses of from an eighth to a quarter of a grain three times a day for the secondary rash, and very frequently I give a combination of iodide of potassium with the bi-chloride of mercury, which I suppose amounts to the biniodide of mercury, with excess of iodide of potassium.

3401. To what extent do you give it, and with what effects?—I generally have the gums sore several times, that is, slightly sore, during the treatment of a case of constitutional syphilis. In some cases the gums are not made sore, but the symptoms disappear without the occurrence of salivation.

3402. Have you not found that some persons are more difficult to bring under the influence of mercury, as regards the manifestation through the gums than other people?—Yes, I think that persons of a dark complexion are especially difficult to bring under the influence of mercury, and that patients who smoke are also difficult to bring under its influence. I always forbid the use of tobacco while taking mercury, on that account.

3403. Under these circumstances, do you find that some benefit arises from a given quantity of mercury, or do you continue it until the gums are affected?—I think that good effects often follow in a patient who shows no affection of the gums whatever; but every now and then one gets an instance of a patient who resists the influence of mercury altogether, and in whom the mercury seems to exercise no good influence over the disease. These, I think, are almost always robust patients with strongly marked dark complexions.

3404. Have they been affected by habits of intoxication, or are those persons less amenable to the influence of mercury?—I have not observed that.

3405. What forms of secondary disease do you think more frequently follow the true indurated sore, the dry or the moist?—I should think the dry is more frequent than the moist.

3406. Have you observed that the dry forms of eruption are more readily curable by mercury than the soft, the ecthymatous and pustular?—I should not entertain any very strong view upon that point. I think that the ecthymatous and pustular rashes frequently yield very well to mercury. I should give mercury more freely to a patient in whom the rash assumed a dry form, but I think that even in the pustular and moist forms, mercury given in small doses often exercises a beneficial influence.

3407. You think that the dry forms more commonly follow the hard form of chancre, and one would almost infer your opinion to be that the hard chancre is more frequently to be met with amongst robust people?—I should think so.

3408. And consequently that it is a constitutional affection?—Yes; that it is modified by the state of health and the constitution of the individual; that a robust person, for instance, would have a more indurated chancre than would one of a more feeble temperament and fair complexion.

3409. May I infer your opinion to be that the form which the sore assumes is not so dependent upon the character of the poison imbibed as upon the character of the constitution of the recipient?—No, in a very slight degree indeed. I believe that the character of the poison exerts almost the whole influence as to the character of the sore; still the constitution of the patient may influence it in a slight degree; that is, as to the degree of induration in half a dozen indurated sores, in the more robust

the greater would be the degree of induration. The largest masses of induration I have ever seen in chancres, have been in Jews, and they are almost invariably of a dark complexion and robust.

3410. Where are they situated generally?—Generally about the line of circumcision. I wish to say that chancres are rare in Jews, according to my experience; but when you do find them, the induration is often extreme.

3411. Will you state what is your opinion as to the action of mercury generally in syphilitic disease; what is the nature of the influence which it exercises?—I think that it procures the absorption of syphilitic lymph in the primary, and in all the earlier stages of the secondary disease;—it procures a rapid absorption of lymph, and a healing, in fact it checks the inflammatory process, as a whole, in the early forms of syphilitic disease. I do not believe that it is an antidote to the syphilitic poison in any true sense of that word.

3412. How do you think the iodide of potassium acts?—I think that it acts in the same way; but that it is less efficient than mercury against either the primary or the secondary forms of the disease. I think that it is more efficient than mercury against the tertiary forms of the disease, and that it, like mercury, procures a cessation of the inflammatory process, but is not antidotal to the poison, and does not prevent relapses.

3413. Nor does mercury?—No.

3414. Are you a believer in the plurality of poisons?—No.

3415. You believe in its singleness?—Yes.

3416. Will you be good enough to state how you account for the different effects produced upon different persons by the poison obtained through sexual intercourse; in one instance a soft sore of short duration; and in the other, induration, and all the consequences which we know result?—My belief is that the soft sore results from a poison which has been modified partly by mixture with other fluids, and partly by its having been transferred several times to and from patients not susceptible of the true syphilitic inoculation, and therefore the poison has become degraded until it has lost its original power. I do believe in there being two or more varieties of pus, and that the one taken from a soft sore differs from the other taken from an indurated sore, but I believe that they were both taken originally from one common sore, and are modifications of that. It is possible, for example, for a soft sore to reproduce an indurated one occasionally in its original vigour. I think it perfectly certain that a vast number of chancres must be contracted and transmitted by prostitutes who, by syphilisation years before, have become quite insusceptible of the true syphilitic diathesis, and cannot again acquire that disease.

3417. What do you mean by "syphilisation?"—That they have had the constitutional disease, and, therefore, are "syphilised"—insusceptible of a second attack,—at any rate to any large extent.

3418. In your experience have you observed that the sore in early manhood is almost invariably a soft sore?—No.

3419. Can you call to mind that you have ever seen a young man or a boy emerging into manhood with a true syphilitic sore?—Yes, plenty.

3420. Are they supposed to be obtained from the hard or the soft sore in the woman?—I have no information about that; but I have seen indurated sores in very young boys.

3421. Probably in the first case?—Yes, under circumstances in which it was certain that it was the first occasion.

3422. In answer to a question as to the plurality of the poisons, you expressed yourself in the negative?—Yes, using the term "poison" as being applied to something perfectly distinct from the very origin. I think

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that the pus from the soft sore is temporarily distinct from the pus from the indurated one; but I think they had originally a common origin.

3423. I believe you are of opinion that syphilis extends its ravages, or has done so throughout the range of society, pretty largely?—Yes; I believe so.

3424. That it modifies diseases, may I say, in all classes, or more especially in the lower classes, or more in the one than in the other?—I think not. I think it is equally prevalent in all classes.

3425. You identify it with a form of the exanthemata?—Yes.

3426. And the rash in the exanthemata you identify with the secondary eruption in syphilis?—Yes.

3427. But the exanthemata have a period of birth, maturity, and decay, and you hear no more of them?—Yes.

3428. That does not apply to syphilis, does it?—I doubt whether that is correct as to exanthemata, for I believe that they, like syphilis, have occasionally, perhaps not very frequently, tertiary symptoms, which are not usually recognised; for I believe that many cases which we class as "struma," such as ostitis and disease of the joints, are really tertiary forms of the various exanthemata.

3429. Such as measles?—Yes; and diseases of the ear, and diseases of the eye, frequently occur after the exanthemata; at some period afterwards. I should also add to that, that the tertiary stage in syphilis is omitted in perhaps a majority of instances, and in very many cases we hear no more of syphilis as soon as the exanthematous stage is passed.

3430. I believe you place no reliance on the term "tertiary," as to the syphilitic disease, considering it due rather to a depraved condition of the constitution, to which the former disease has given rise, than as being itself a link in the chain of the disease?—Yes.

3431. You would class what is termed the tertiary form of the disease in syphilis simply with discharges from the ear, and deafness resulting from measles ulteriorly?—Yes.

3432. I am not wrong, I think, in supposing that you object to the term "tertiary," on the ground that you do not deem them to be in a direct relation with the two preceding steps?—I should prefer to use the term "sequelæ" to the term "tertiary." I should say that the diseases of the joints, and diseases of the bones, and of the eye and ear, after exanthemata, bear to them the same relation as do the "tertiary" symptoms to syphilis. I would suggest that the reason why syphilis so frequently has tertiary symptoms, and that the other exanthemata so rarely have, is that the other exanthemata are so very transitory in their duration, that there is not time for the solids of the body to become materially affected during the period of the exanthem. The exanthematous stage in syphilis lasts for a year or eighteen months; and during that time there is an opportunity for the solids of the body to become modified by the poisoned blood.

3433. You conceive that the syphilitic virus is capable of profoundly affecting the health?—Yes.

3434. Nutrition and the development of the body?—Yes.

3435. Do you consider that it causes diseases of the eye, of the ear, the brain, and the nerves?—Yes.

3436. And that it enters into the medical history of a certain proportion of hospital cases?—Yes.

3437. You think that mercury is by no means so beneficial, and exercises much less influence than is generally supposed in eradicating the syphilitic diathesis?—I think that mercury very materially shortens the stages of syphilis. I think it is of the utmost importance when an organ

like the eye is attacked, on account of its local influence, but I do not think that it very materially influences the duration and severity of the disease; what little it does I think is for good.

3438. What description would you give of the features and character of a child, the subject of inherited syphilis, say three weeks after birth?—A syphilitic infant, according to my experience, is generally born quite healthy; it is exceptional to find any symptom during the first three weeks, but at about the end of three weeks or a month, or from that to six weeks, the child generally begins to suffer from a rash, and that is generally on the buttocks, sometimes scaly, sometimes papular, and sometimes a mere blush of redness; and with the rash, inflammation of the mucous membrane of the nares takes place, and the child generally has snuffles. At this time the child in most cases wastes, but that is not at all invariably so; if the rash is severe, and if the skin is extensively involved, the child almost always wastes, but if the skin be only slightly affected, very often a syphilitic child remains as plump and as healthy looking as other children.

3439. Is it amenable to curative treatment by mercury at that age?—Yes, and is cured in a sense, that is, procuring the disappearance of the symptoms.

3440. Then take the case of a boy, say of fifteen years of age, or even earlier, at twelve, or at any period when you should consider the features more characteristic than at another; what are the appearances then?—They vary very considerably; but to speak of the more typical instances in which I can recognise a patient who has suffered from syphilis in infancy: the skin is pale and earthy, and generally there are pits about the skin of the face from some former rash, the forehead is almost always large and protuberant, and there are hollow lines just below the frontal eminences, very remarkable in most cases, the bridge of the nose is sunken or flat, and there are generally lines of scar extending out at the angles of the mouth, and the upper central incisor teeth present vertical notches.

3441. Does the model on the table fairly represent it?—Yes, that is a very good one.

3442. Is the child curable by treatment at that age?—Supposing him to present any recent syphilitic disease, such as inflammation of the eye, then that disease is comparatively little under the influence of specific treatment. In some cases mercury and the iodide of potassium do good for some forms of disease; but regarding the most characteristic (inflammation of the cornea), I am afraid I could not state anything very positive as to the beneficial influence of specific treatment; in some cases it does good, but in many it does not. Supposing such a child should suffer from inflammation of the skin, or from a node of the muscle, then specific treatment will cure it.

3443. What do you think would be the general result if an indurated sore were left untreated, under favourable circumstances, as to the general health of the individual?—I think that the patient would suffer from secondary rash at a certain period after the sore; say, from six weeks to two months, or three months in exceptional cases, and that he would have that rash with tolerable severity, and have superficial ulcers on the tonsils, and run his chance of having iritis. At the same time these symptoms would all disappear after a somewhat variable period of from two or three months to twelve months; and at the end of eighteen months, in all probability, he would be quite free from all syphilitic symptoms.

3444. And have no return?—He would be liable to relapses, and would

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also run the risk of the occurrence of tertiary symptoms at variable periods, from five to twenty years after the disease.

3445. Do you find that these, the tertiary, are symmetrical?—I think that the tertiaries depend upon disease of the solid organs, and not upon a virus still existing in the blood, and that therefore they are not symmetrical, and they are not blood symptoms.

3446. *Dr. Donnet.* How do you treat a primary venereal sore on its first appearance?—If a sore is indurated I use mercurials—either black-wash or ointment; and I exhibit mercury internally.

3447. Do you use escharotics?—I very rarely see my cases early enough to use escharotics. I do use them if a patient comes within three or four days of his first knowing of the existence of a sore, but I have no strong opinion as to the benefit arising from escharotics. I do not know of any case in which a sore was in the slightest degree indurated, in which they have saved a patient from secondary symptoms.

3448. *Dr. Wilks.* Do you think that the longer the induration remains the constitution is more severely affected, or that the poison is regenerated in the part the longer it remains there?—I think the clinical fact is, that in proportion to the duration of the induration will be the severity of the patient's subsequent symptoms; but whether that merely proves that the patient from the beginning was one likely to suffer severely, or whether it proves that the subsequent severity is due to the prolonged duration of the sore, I have no opinion.

3449. I rather think you did not quite finish the explanation you were about to give in reference to the singleness of the poison. You were saying that a prostitute who had no doubt had syphilis, but who at the time presented no appearance of it, would give true syphilis to a man?—Yes; I was going to say that we must think it probable that the greater number, perhaps the majority of prostitutes, have had syphilis years before the present time, and that therefore any primary sores from which they might now suffer, would be such as would be presented by a person whose constitution was not liable to infection. I believe experiments have proved that in such the sore will not be an indurated one, but still will be capable of producing an indurated one if inoculated in another who has never had the disease; but then we must always think it very probable that in addition to a certain number of sores being contracted by prostitutes not liable themselves to it, they also transmit that sore to others who are not liable to it, so that we may have inoculation going on through several persons, none of whom are liable to syphilis, and I think it is very probable that in that way the virus does lose its force in the end.

3450. Do you think that a woman with constitutional syphilis could give it without any primary sore—in other words—is constitutional syphilis contagious?—Some forms of moist rash I think are contagious.

3451. Do you think that if for the benefit of society, it was considered proper to place prostitutes having the primary disease in an institution, such as a Lock Hospital, it would be right to include those who were suffering from the constitutional disease?—Yes; certainly.

3452. With reference to the question of contagion?—Yes; but I must ask what form of constitutional syphilis; do you refer merely to the secondary symptoms?

3453. Yes?—I certainly should.

3454. Do you think that when you have a soft sore followed by constitutional symptoms, it is due in part to the locality?—No.

3455. Do you think that particular tissues of the body are more likely to be affected than others by the syphilitic virus, or the syphilitic deposit?

—I am familiar with the general observation that you rarely see typical induration on the female genitals—not extreme induration; but I have seen it on the male in various parts of the body, presenting induration in a very characteristic form on various parts, the face, and mouth, and all parts of the genitals. The idea that an indurated sore cannot occur on the glans penis, I feel no doubt is a mistake, for I have seen an indurated chancre surrounding the meatus as hard as one could imagine, and as characteristic as possible.

3456. Would you say that the secondary deposits in the body affect a special class of tissues?—Yes; I think so; the skin, the mucous membranes, and the eye.

3457. Can you express any opinion as to how soon the system becomes affected by the virus,—the period of incubation?—I should say before the chancre appears, or between the chancre and the secondary symptons.

3458. I understood you to say that you looked upon induration as characteristic, and that the system was already affected?—Do you mean before the first trace of induration?

3459. Yes.—I think from one week to three is the usual period.

3460. Do you think that iodide of potassium is more efficacious in cases where mercury has been previously given?—No; I think I have seen it have specific effects in cases, so far as I could get the history of them, of patients who had taken mercury very slightly before, or not at all.

3461. Did you ever excise an indurated sore?—Never.

3462. In describing the appearances that might occur in a typical case of constitutional syphilis, you did not mention affections of the eye, although you did afterwards. Do you look upon that as a very common affection?—Yes; in acquired syphilis I have seen iritis.

3463. Have you any idea of the number of cases that have come before you in which the eye has been affected?—Speaking at a guess, I should think at the Ophthalmic Hospital about one in five of our patients have either inherited or acquired syphilis; but perhaps I am exaggerating.

3464. Are these diseases curable, or do they leave permanent effects?—Iritis and retinitis are curable: they clear away.

3465. Those of hereditary syphilis?—Yes, they also get well.

3466. Do any number of them remain and cause permanent blindness?—I should think not one in fifty cases. Perhaps one in twenty causes very material imperfection of sight, but the greater proportion of them clear away entirely; perhaps one in fifty causes total blindness of both eyes.

3467. At what age does that (Keratitis) generally happen?—At various ages; from eight to thirty; generally from fifteen to seventeen.

3468. Then a person at twenty years of age may suffer from a local affection which is due to disease given him by his father?—Yes, or up to thirty. I have seen cases which were well marked up to nearly thirty years of age.

3469. *Dr. Babington.* Have you often seen a hard sore not followed by constitutional symptoms?—No; I have had no proved instance, none in which I had the case fairly under my own observation, to enable me to give an answer to your question, after a well-marked hard sore.

3470. Do you practise inoculation as a test, of whether a sore is constitutional or not?—No.

3471. Do you believe that a woman having secondary symptoms alone, could impart syphilis to a man?—Yes; rarely and exceptionally. But I believe that in some forms of syphilitic condylomata it is possible. I ought, however, to state that I have no proof of it between a woman and a man. My proof is chiefly taken from syphilitic infants and nurses.

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3472. Have you seen many cases of syphilis which have not been in any stage treated with mercury?—Yes; for three years I treated none of my patients with mercury. I watched them, but I gave them no mercury, and used no specific treatment.

3473. Do you feel confident that the secondary and tertiary symptoms cannot be referred to mercury alone?—I am quite certain upon that point.

3474. Do you consider that the period of incubation in the case of the hard sore is rather uncertain?—It is very uncertain.

3475. It is not like other exanthemata, is it?—I do not know that we have any definite information as to them; the time does vary within certain limits in them. We must remember that the duration of their stages is short, whilst those of syphilis are so much longer; and it would therefore follow that we should expect the variation to appear greater in the latter.

3476. Do you consider it any objection to the supposition that syphilis is an exanthem, that the eruptions differ very much in different cases, some being soft, and some hard and dry?—Yes; there is a great variety.

3477. Is that so in small pox?—No, it is not.

3478. Or in measles?—No; but there again, within certain limits, the rash in different cases does differ somewhat.

3479. Do you believe that syphilis cannot be had twice?—I believe it can be. I am certain that it can. I have a case now under my own care, and the patient is a surgeon. I treated him four years ago for an indurated chancre, followed by secondary symptoms of a typical character. I treated him with mercury, and he was well in two years, and for a time he remained perfectly well, but he came to me the other day with another indurated chancre, with characteristic symmetrical coppery rash again, but not very severe.

3480. At what period should you consider a man safe to marry after he had become apparently quite well of syphilis?—With regard to infecting his wife or his offspring?

3481. With regard to infecting his wife.—I think that he ought to have been quite well of all the symptoms for a year. I should say that a period of eighteen months since the primary sore ought to have passed by, for every now and then a sore does relapse; you see the cicatrix of an indurated chancre months afterwards take on induration again, and ulcerate.

3482. Would you make the same remark with regard to the offspring?—I should say that he was never safe; not at any time could you assert that he was perfectly safe.

3483. At no period could you be certain that he was well?—No.

3484. Why should he not be as unsafe with reference to his wife as to his offspring?—Perhaps I should recall what I stated as to that, for I do not believe that he would be safe at the end of eighteen months. I should have explained that what I said applied to the local sore only. I believe that his wife would never be safe whilst there was the possibility of his begetting syphilitic children. I think that contamination through the fœtus would be possible for many years after he had ceased to show any symptoms.

3485. From the semen of the man to the child, and from the child back to the mother?—Yes.

3486. Do you consider that gonorrhœa has the same origin as syphilis?—No.

3487. What is your notion as to gonorrhœa; that it is not a specific complaint at all?—Not at all. I think that it is merely a form of virulent

purulent contagion. I believe that all pus is contagious, and that all virulent secretions, if they have a fair chance, will produce a virulent secretion on any membrane to which they are applied, a virulent secretion that will closely resemble pus. I think that gonorrhœa results from contagion by a virulent form of pus only. *Mr. Hutchinson.* 12 May, 1865.

3488. *Dr. Balfour.* Have you traced any connexion between the excessive administration of mercury and the development of tertiary symptoms?—No; I have not been inclined to refer them to that. I have rather believed in an opposite direction. I have seen severe cases of bone disease in patients who had taken mercury, but I have seen them in so many who have not taken it, that I do not think it fair to attribute bone disease to mercury.

3489. *Mr. Cock.* Do you believe that syphilitic induration may be produced without any lesion of the skin from absorption of the poison?—I have no facts at all upon that. I should think that there must usually be a slight abrasion, but one can scarcely have any conclusive facts upon that without making experiments, which I have not tried.

3490. I think you stated that the severity of secondary symptoms was in some measure dependent upon, or in ratio with, the degree of the induration?—Yes.

3491. How far does the induration depend upon the locality, whether it occurs in the internal or external prepuce, or the corona, or the frenum, or elsewhere, or is the induration more severe, or more extensive in certain parts of the organ?—The indurated chancre is more frequent, of course, near to the corona glandis in the reflected part of the prepuce, but I think I have seen induration quite as characteristic on the edge of the prepuce, on the skin of the penis close to the meatus, and on other parts of the body.

3492. Do you ever find that the soft sore heals very rapidly, and that the cicatrix, after being perfectly formed, becomes extensively indurated afterwards?—Yes; but that is when the healing has taken place within a few days. I have often seen it; that we had to do with an induration without any abrasion on it, from the original sore having perfectly healed.

3493. Do you recognise a sore on the body of the penis, a round superficial sore, which has no induration, which is covered with a dry scab generally, and which almost always, or frequently produces secondary symptoms?—I know the kind of sore to which you allude, but I should not have been so strong in my belief that it had no induration around it—the induration may be slight in degree—nor should I have been strong upon the point, that it is always followed by secondary symptoms. I have been many large sores on the skin of the penis not indurated at the base, but only just indurated at the margin, followed by secondary symptoms.

3494. *Mr. Spencer Smith.* Have you anything to state to the Committee with regard to Question 14, as to the prevention of syphilis?—I should think that improved means of ablution must be very desirable for the prevention of syphilis. I mean, washing immediately after connection; and I should think that much could be effected by exercising a control over prostitutes. I should think that prostitutes who have suffered from syphilis at some former period are very much more safe than young prostitutes who have not yet had it.

3495. You would provide, if necessary, increased hospital accommodation?—Yes, I should. I think that that is very desirable, indeed; that during the time when they are suffering from syphilis, as they almost all must, they should be removed to a hospital for treatment.

3496. Do you approve of the Contagious Diseases Prevention Act?—

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That is rather an extensive question to answer. I am not familiar with it.

3497. Do you think it is right to carry out Police regulations with regard to prostitutes?—Quite so.

3498. *Chairman.* Are there any other observations that you wish to make with respect to the pathology or prevention of the disease?—No.

The witness withdrew.

Tuesday, May 16, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

J. R. Lane, Esq. (Surgeon to the Lock Hospital and St. Mary's), examined.

Mr. Jas. Lane.

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3499. *Chairman.* How many years have you been connected with the Lock Hospital?—I have been permanently connected with it for fourteen years, six years as Surgeon and eight years as Assistant Surgeon. I was House Surgeon there nineteen years ago.

3500. You have been connected with it then for nineteen years?—Yes, more or less; permanently for the last fourteen years.

3501. Have you seen a large variety of venereal cases, and disease in all its forms?—I have had considerable opportunities of course.

3502. Do you recognise the two forms of the primary sore marked by the soft and hard characters?—I think there is a soft or non-indurated sore, and an indurated sore, but I do not recognise them as distinct and separate diseases.

3503. Do you advocate the unity of the poisons or the duality of them?—I believe that both sores are produced by the same poison.

3504. Will you explain to the Committee why you think that constitutional affections follow the hard and comparatively rarely the soft sore, taking it for granted that I rightly state your opinion to be so?—My opinion is that they follow the hard sore very frequently, but not invariably, and that they follow the soft sore rarely, but I am convinced that they do so occasionally. On the supposition that both poisons are the same, to explain why one poison produces constitutional symptoms and the other does not, the best explanation I can offer is, that the action in the indurated sore tends towards an effusion of lymph, and not towards the production of pus from the surface, and that the lymph, which is the result of the poisonous action, is in combination with the tissues in the one case; but that in the other case the poisonous action tends towards the production of pus, which is thrown off from the surface. There is a poison combined

with the tissue in the one case, and for the most part thrown off from the surface in the other. That is the theoretical explanation I should offer of the fact.

3505. What proportion of the soft sores produce secondary disease?—I think that secondary disease is an uncommon occurrence after soft sores, but I am convinced that I have repeatedly seen it—unmistakably in sores that I have had an opportunity of watching throughout—in which there has been no induration whatever present at any time, and yet they have been followed by secondary symptoms.

3506. Do you say positively no degree of induration?—Nothing that I could detect.

3507. Have you heard the phrase "parchment sore" used?—Yes.

3508. Do you say the same even in the absence of that parchment sore?—Decidedly so.

3509. Have you observed any distinction in the intensity of the forms of the secondary disease in the two cases?—The cases of secondary disease following a non-indurated sore that I can call to mind have not been severe.

3510. Not so severe as the secondary disease following an indurated sore?—I should say not.

3511. Do you recognise a manifest difference in the period of incubation of the two sores?—I believe that the action of the poison begins from the time of its application in both, but that the idea that there is a period of incubation has arisen from the fact of the induration being slowly produced and not being noticeably developed for some time after the application of the poison. I am not disposed to acknowledge that the induration is the consequence of constitutional infection, which the term incubation seems to me to imply.

3512. You do not consider, as I understand you, that the deposit or induration is a constitutional, but it is a local affection?—I should say so.

3513. Do you acknowledge a different period of incubation in the two?—No; I think that in the one the action is slower, but I believe that it begins in both, from the time of the application of the poison.

3514. There is a longer time before the development of the hard sore than in the soft sore: is not that so?—I think in the case of a soft sore it is evident that the action begins from the time of the application of the poison, but in the case of a hard sore this is not so evident, and it will frequently, therefore, not be noticed for some time afterwards. My view of it is that the action begins in the part immediately in both cases. I object to the term incubation, and to the theory of incubation of which we now hear so much.

3515. If there be such a facility for escape of the secretion of the soft sore, how do you account for the fact that the production of secondary symptoms is only occasional, or rather that it occurs at all?—I think there is a poisonous action of a somewhat analogous nature going on in the soft sore as well as in the hard; and that occasionally a sufficient amount of poisonous matter is absorbed from the soft sore to produce constitutional symptoms, but, as a rule, it is not so.

3516. Is there not a great difference in the character of the enlargement of the inguinal glands in the two cases?—I think there is.

3517. Then not only is there a different process in the local sore, but there are different effects produced by absorption?—Yes, the effect upon the lymphatic glands is different.

3518. Yet it is the same poison?—I think so.

3519. Do you treat the soft sore with mercury?—I do not always; but

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I believe it would be safer always to do so; safer against the probability of the secondary symptoms, but I do not think that mercury is of any use in the healing of a soft sore.

3520. What do you think it does in the case of a hard sore?—I believe it produces the absorption of the induration, and certainly tends to diminish the liability to secondary constitutional affections.

3521. To diminish them or to prolong the interval?—I know of cases in which there has been a well-marked induration for weeks, and mercury has been given, and no secondary affections have appeared for a long time afterwards. The cases to which I refer have been under my own observation, and I think I should certainly have heard subsequently, had secondary symptoms followed, but I know that for a long time none did follow.

3522. Is there anything in the progress of a soft sore to enable you to judge as to the probability of secondary disease following?—No; I am unable to say.

3523. It is not that it is a more irritable form of sore than the ordinary variety of soft sore?—I have observed nothing to enable me to give a reliable answer to that question.

3524. Have you ever formed any opinion as to the proportion of the two forms of sores, the hard and the soft?—Certainly the soft are much more frequent. I should estimate them in the proportion of 4 or 5 to 1; that is my impression.

3525. Have you any opinion to express upon the question whether sores produce their like; for example, if a man has a hard sore, that he has taken it from a woman with a hard sore, or a soft sore from a woman with a soft sore?—I believe that sores do not invariably produce their like, but that a hard sore may produce a soft sore, and a soft sore may produce a hard one; my opinion being that induration is, to a certain extent, an accidental occurrence. I am certain that I have seen indurated sores and non-indurated sores in the same individual; and I think I may say in the same sore a portion of it indurated and a portion of it non-indurated and suppurating.

3526. What is the influence of mercury; how does it exercise its influence, whatever that may be, on syphilis?—I presume that the poison being in the blood, the action of mercury is to render more active all the eliminating organs, more especially the liver, the mucous membranes, and the skin, and that it thus aids in carrying off the poison. Mercury also produces greater rapidity of transformation throughout the tissues generally.

3527. *Mr. Quain.* Have you had any experience of inoculation?—I have not had very extensive experience; in former years I both saw and practised it a good deal, but of late years not so much.

3528. In the inoculations which you saw, was the sore that was produced by the inoculation the same as that from which it was inoculated?—I have seen non-indurated sores produced by inoculation from an indurated sore, and therefore they do not always produce their like.

3529. Did you ever see inoculation practised from a common sore, not a venereal sore?—I have seen inoculation practised from doubtful sores on the genital organs, which have turned out not to be syphilitic.

3530. Have you seen inoculation practised from any other than sores on the genital organs?—No, I cannot say that I have.

3531. You have stated that you believed a soft sore might produce a hard one, or the converse of that?—I believe such to be the case.

3532. Have you had any experience in the examination of women in tracing the contagion of a man from a woman?—No; I cannot say that I have.

3533. I suppose you are acquainted with the observations of Basse-reau and Fournier made to elucidate that point?—Yes.

3534. Do you doubt the accuracy of their statements, for they say that almost invariably, or, as a rule, when a hard sore existed in the male, they found a corresponding sore on the female?—I am aware that they have stated that.

3535. Do you believe that that is an error of observation, or have you any opinion about it?—I believe it may have been so in those particular cases, but I do not believe that it will be found to be constant; I do not believe it to be the rule.

3536. You have stated that you have witnessed a combination of two kinds of sores in one sore?—Yes.

3537. How would you account for that?—The kind of sore to which I alluded was one which I think is not infrequently seen, affecting the corona glandis and the prepuce just behind it, where there is a distinctly soft or ulcerating portion on the glans, and a distinctly indurated portion on the prepuce just behind the glans.

3538. Do you account for the difference by the tissue?—Yes; in a great measure, for indurated sores are rare on the glans—not so common as on the prepuce: again, indurated sores are very uncommon in females.

3539. Have you seen indurated sores on the vulva of the female, or near it?—Yes, I have.

3540. Are they equally uncommon over the whole of the female genital organs that are exposed to them?—I cannot call to mind seeing an indurated sore on the mucous surface of the female genital organs: all the indurated sores in the female that I have seen have been on the external labia.

3541. Have you ever witnessed the treatment of syphilis without mercury to any extent, the constitutional disease?—I have not to any extent.

3542. From your observation, do relapses frequently occur after treatment for the constitutional disease?—Yes.

3543. Has the effect of the disease been very injurious, so far as rendering a person liable to attacks of other diseases in internal organs—for example, phthisis?—I cannot trace any connexion between the two, except that the deterioration of health produced by syphilis may tend to the production of other diseases, such as phthisis. I think it acts in the same way as any other depressing cause, but not specifically in any way.

3544. Have you noticed much the effects on children born of parents, one of whom, or both, may have previously had constitutional disease?—I have seen many such cases.

3545. Have you seen the disease in children when you could not trace any appearance of constitutional disease in either parent?—No; I cannot say that I have.

3546. In what form do you use mercury for the treatment of a primary sore?—I use, as a rule, mercury internally in the form of blue pill or Plummer's pill—blue pill, perhaps, more frequently.

3547. Whether the sore is soft or hard?—Yes.

3548. Your practice is to use mercury in both forms of those sores?—That is my practice: but of course I admit it is not so essential in the one as in the other.

3549. For the constitutional disease, in what form do you use mercury?—Generally, by the mouth. For the purpose of testing the comparative value of mercury internally, mercury by inunction, and mercury by fumigation, I have for a certain period given blue pill internally, in all cases requiring mercurial treatment that came under my care in the Lock

Mr. Jas. Lane. Hospital. I then for a certain period used inunction in all cases, and for a time fumigation in all cases; and I have been unable to find any appre-
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3550. Was the duration of the disease, under the different plans of treatment, about the same?—The symptoms disappeared in about the same time, under each form of treatment.

3551. As regards the comfort of the patient at the time, was the effect about the same?—The mercury given by the stomach is much less troublesome to the patient than either of the other methods, but it will occasionally produce disorder of the bowels—in that case it is desirable to employ some other form; but mercury taken internally, in a majority of cases, does not produce any such disturbance, and, therefore, in a majority of cases. I think it is the most convenient form of treatment.

3552. You would now use it, after practising the different plans, by the mouth in preference to the others?—Yes, on account of its greater convenience, not on account of its having any superior efficacy.

3553. Have you ever tried the abortive treatment for primary sores?—Yes, repeatedly for non-indurated sores, and I think it is the best if it is adopted early enough.

3554. What form of escharotics do you use?—I use the strong nitric acid; it is necessary that it should be the strongest procurable.

3555. What effect do you expect from the use of it?—That it will destroy the poisonous surface and leave a healthy sore, if it is carried far enough.

3556. With regard to the groin, should you expect any benefit from that treatment in healing buboes, or making them less noxious?—The application of an escharotic to the sore would have no influence on a bubo already formed or forming, but it would tend to prevent their formation, inasmuch as it would prevent, after its application, further absorption of the poisonous matter.

3557. Would the buboes, if they did form, after the effectual use of escharotics, be less injurious than the buboes which occur with a soft venereal sore not so treated?—I think so, certainly; if the sore had been destroyed by nitric acid, and no bubo had begun to form, the bubo arising from the healthy sore resulting from nitric acid would not be of a poisonous character.

3558. Have you seen very bad buboes accompanying soft sores?—Yes, very large suppurating buboes.

3559. Extending largely across the groin?—Yes; large cavities.

3560. Have you seen them equally bad in any case in which you have used nitric acid?—Not when it has been used early; certainly not. I have not used nitric acid to hard sores. I think it would be difficult to make nitric acid destroy a large induration. I have occasionally, in the case of a hard sore, removed it by excision completely.

3561. Did you find afterwards that constitutional symptoms nevertheless occurred?—I have not been encouraged in that practice, as I found that the cicatrix became indurated.

3562. With what result upon the system?—With contamination of the system afterwards.

3563. Do you remember after what interval it was after exposure to contagion?—Generally, I should say, after about a fortnight or three weeks, in a somewhat early stage of the indurated sore; in a later stage I should not have employed excision.

3564. Within a week, or two, or three?—I should say a fortnight, speaking from memory.

3565. What is the average duration of a soft sore, which has not been

treated with escharotics?—The average duration, I should say, is four or five weeks.

3566. What is the duration of the sore which remains after the application of escharotics?—If the escharotic is effectually applied, as soon as the slough comes away, the sore heals as any simple sore would do. It will not be always so, because the escharotic will sometimes not have acted sufficiently to destroy the whole surface.

3567. Has the time, in your experience, been shorter?—Wherever an escharotic has been applied effectually, the time certainly has been very much abridged.

3568. Does the constitution of a person affected with a sore in any respect determine the character of that sore; for instance, the being a strong or a weak person, or young or old?—I suppose it necessarily must do so. I think that its being a hard or soft sore depends partly on constitutional causes: whether it depends upon the strength or weakness of the individual, I cannot say; but that constitution has an influence, I have no doubt.

3569. *Dr. Wilks.* You think that the abortive treatment is of use in preventing the constitution being affected?—Yes.

3570. I understood you to say that if a sore was indurated, the constitution became affected as soon as the virus entered the system. Therefore it follows that as soon as you recognise a sore of any kind, you could not eradicate it?—I am not aware that I said anything to lead to that conclusion.

3571. I understood you to say that the constitution was affected as soon as the virus entered the system?—No, I said that as soon as the poison was applied, the tissue was affected, not the constitution.

3572. You think the constitution is affected when the induration has occurred?—No; I do not.

3573. At what time then?—The only evidence that the constitution is affected, is, when the constitutional symptoms make their appearance.

3574. Any time before that, you think there is a possibility of preventing it?—Yes.

3575. Have you ever, by using the abortive treatment for a hard sore, actually stopped the progress of the secondary symptoms?—I cannot say that I have. In fact, I have never succeeded in effectually destroying a hard sore. It appears to me as if the influence extended beyond the appreciable induration. I have removed sores freely by excision, yet the induration has returned in the cicatrix.

3576. Have you any evidence as to what time may elapse, after impure intercourse, before the system might become affected, or before any local appearance might present itself?—The time will vary, I presume, before the sore makes its appearance, according to the tissue on which it is deposited; for instance, the thickness of the integument.

3577. Suppose the syphilitic virus was upon the skin, have you any evidence as to how long it might be there before it entered the system?—I think it might remain in contact with the tissue for some time; lodged in some follicle or irregularity on the surface, and that it might by degrees irritate the skin, causing a removal of the cuticle, and so effect its entrance.

3578. Would it follow from that, that if it was well washed off, the poison might be removed?—I believe so.

3579. Some hours after intercourse?—I believe so; in cases where there was no abrasion.

3580. Have you any facts or cases to refer to upon that point?—I cannot call to mind any facts that I can quote.

3581. With regard to constitutional syphilis being contagious, have

Mr. Jas. Lane. you anything to say?—I believe that constitutional syphilis is contagious.

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3582. In what way?—I believe, for instance, that with married persons, one having secondary syphilis, after a time secondary syphilis will be likely to appear in the other. I have met with repeated instances.

3583. Do you think the wife could give it to her husband?—Yes; but the instances are more frequent the other way.

3584. By what fluids would the poison be conveyed?—I imagine by all the fluids; by the seminal fluid especially, and, generally, by continued contact; contact of any kind would assist in producing contamination.

3585. Without any local sores?—Yes.

3586. The so-called leucorrhœal discharge from a syphilitic woman you think would produce disease?—Yes, I think it might.

3587. That leucorrhœal discharge would most probably be derived from a secondary sore about the uterus?—Yes, most probably. I was going to say that I am certain a male with secondary syphilis may communicate secondary syphilis to a female without the intervention of pregnancy, and not through the fœtus, but before pregnancy and independent of it.

3588. Would a man have a sore on his penis under those circumstances?—Not necessarily.

3589. Would he have an urethral discharge?—I believe not necessarily. I have seen several cases of the one mode of contamination, I mean from male to female; but I cannot say that I have any that I can bring before you of the other, that is, from the female to the male.

3590. Have you seen many cases of constitutional syphilis in men where there has been merely a history of an urethral discharge without a sore?—I have not seen many.

3591. Did you, in the few cases you have seen, believe that the disease had been obtained in the way we have been speaking of, inasmuch as a sore need not intervene?—I believe it need not intervene, but I know of no case in which I could say it had probably been produced in the way which you suggest.

3592. Should you think it advisable to place women with constitutional syphilis in a Lock Hospital, as well as those with the other form of disease?—Yes.

3593. In order to prevent contagion?—Yes; I do not think that a single intercourse with a female with constitutional syphilis would produce constitutional syphilis in a male, but I think continued cohabitation would do so, not infrequently.

3594. In what cases do you use the iodide of potassium specially?—I use the iodide of potassium for the class of symptoms which are usually called "tertiary."

3595. Do you think it acts better when mercury has been previously given?—I can scarcely say; mercury has been previously given in almost every case.

3596. Have you seen any ill effects from the use of mercury?—I have never seen any permanent ill effects from mercury; occasional acute salivations I have of course seen.

3597. Do you attribute the diseases of the bones which you have seen to mercury?—No; because I have seen diseases of the bones in cases where no mercury had been given.

3598. *Dr. Babington.* How many beds have you at the Lock Hospital?—There are about sixty beds.

3599. Are they all filled by females?—Until within the last twelve months they have been equally divided between the females and males, but now there are more females than males. We receive patients from

the Government under the Contagious Diseases Prevention Act now; females. *Mr. Jas. Lane.*

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3600. What is the average period of treatment for the primary symptoms in a female?—Females, with primary symptoms, are for the most part treated as out-patients; it is only the severer cases that are taken in. I should say the average time is three or four weeks.

3601. What interval usually occurs between the primary and the secondary symptoms?—I should consider the average interval to be about six weeks.

3602. Do you keep female patients in the hospital after the primary symptoms are cured?—No, we cannot do that, because there is so great a demand upon the beds.

3603. I suppose they go out when they like?—Yes.

3604. Does that apply equally to the Government beds?—It does at present, because the Hospital has not yet been placed under the Act.

3605. You do not admit the term "incubation" at all, as to the hard sore?—I do not like the term.

3606. Do you find the interval varies very much from the time of the impure contact to the appearance of the hard sore?—And the soft sore?

3607. Yes.—I think it is longer in the hard sore before it makes itself apparent.

3608. What is the longest period that you can call to mind after impure contact in the case of a hard sore?—There are many cases where patients inform one that the sore was not observed for a fortnight or three weeks after the connection. It is always difficult to say how long it may have been there before it was observed, especially in the case of an indurated sore, as it does not generally cause much pain.

3609. What is the shortest period that you have known from the time of the impure contact to the appearance of the hard sore?—I should speak from impression rather; but I should say that in a week or ten days I have seen induration.

3610. As long as two or three weeks?—Yes.

3611. Not more than that?—Not that I can call to mind.

3612. Do you find any difficulty in distinguishing between a hard and a soft sore, or can you say at once that a sore will be a soft sore or otherwise?—The induration may be more or less marked; but I think there is generally not much difficulty. My view is that a sore may be soft to-day and indurated a few days hence.

3613. You have spoken of inoculation from a hard sore; how do you manage that?—Inoculation from a hard sore is very difficult, because it does not usually secrete pus; but if a hard sore (and this, I believe, has been repeatedly established) is made to suppurate by artificial irritation, there is no difficulty about inoculating from it.

3614. Have you inoculated from it?—Yes.

3615. And that is your method to make it suppurate?—I have done it; and have so frequently seen it done that I can speak positively to the fact. The inoculation will often fail while there is only a very slight serous secretion, but it will succeed if the sore is made artificially to suppurate.

3616. The blood will not do it?—No.

3617. You merely have a pustule?—Yes, which runs the course of the non-indurated sore.

3618. Does that artificially formed pus produce a hard sore, or a soft one?—I do not remember to have seen a distinct hard sore from inoculation on the thigh, or on the arm, which are the parts usually selected for

Mr. Jas. Lane. the experiment. They are always soft in the early stages, but I see no reason why they should not become indurated.

16 May, 1865. 3619. Would you advise that a patient should be kept in bed during treatment for syphilis throughout the primary disease?—I do not see the necessity for it.

3620. Do you think that it would hasten the cure?—Scarcely, of the local sore. I believe that rest would diminish the tendency to buboes.

3621. Do you consider that the patient enjoys fair health between the primary and the secondary symptoms?—I believe that his health begins to deteriorate as the system is getting affected, and there is a visible deterioration of health generally before the appearance of the secondary manifestations.

3622. If you had to deal with a soldier, would you not send him again into the ranks between whiles?—Yes, I do not believe there would be enough the matter with him to destroy his efficiency in the meantime.

3623. Have you seen a repetition of syphilis, or do you believe that it may be contracted a second or a third time after a perfect cure?—I believe that a man may contract constitutional syphilis a second time, but this is a difficult question, because we may be told that it is a relapse of the former disease when it appears a second time.

3624. It would not show itself with primary symptoms then, or can a person have them again?—A person may without doubt repeatedly contract primary syphilis; whether he can contract secondary syphilis more than once may be a doubtful question, but I believe that he can.

3625. How soon should you consider a person was safe to marry after syphilis had been cured?—I think, if he has had no appearance of constitutional syphilis for twelve months, he might be permitted to marry, but I am not prepared to say that he would be absolutely safe, and I should tell him so.

3626. Do you find that syphilis is worse in strumous constitutions where there is a combination of scrofula and syphilis?—I think the syphilis itself perhaps is not worse, but the accidental complications are worse, the buboes for instance.

3627. Do you find that they are not so easily affected by mercury?—I find that mercury is more apt to disagree with such persons and to affect their health injuriously, and, therefore, that it is not so desirable to give them mercury.

3628. You have expressed an opinion that washing would be desirable some time after an impure connection?—Yes, I think that careful ablution after connection would diminish the amount of syphilis considerably.

3629. Do you think it would have that effect twelve or fourteen hours afterwards?—Probably not to the same extent, but still I should recommend it.

3630. With a possible chance of preventing the disease?—Yes, I believe it would diminish the chance of disease.

3631. *Dr. Balfour.* You stated, I think, that female patients were admitted into the Lock Hospital sent there by the Government?—Yes.

3632. Where do they come from?—From Woolwich.

3633. Are any cases sent from Aldershot?—No; but we do get many cases from Aldershot in other ways, not through the Government.

3634. Are you not entitled to enforce the clause in the Contagious Diseases Prevention Act, which would empower you to retain them against their will for three months?—No; the hospital was inspected by a Government Officer, but he has not placed it under the Act at present. I do not know for what reason.

3635. *Mr. Cock.* I think you stated that you considered induration was in some measure an accidental occurrence?—Yes.

3636. Do you find that it depends upon the locality where the poison is applied?—I think it depends in some measure upon the locality, and in some measure upon constitutional peculiarities in the individual.

3637. Are there any particular parts of the organ which you have found to be more favourable to induration?—Yes; I think the loose tissues of the prepuce just behind the glans are most favourable, it is there that you see some of the best examples of induration.

3638. Do you see much about the frenum?—Yes, not infrequently.

3639. Do you ever see it on the glans?—Very rarely. The glans is less favourable to induration than the other tissues. I should say that you do not so often see a distinctly indurated sore on the glans as on the prepuce.

3640. Do you recognise a superficial round sore on the main body of the penis, which has no induration, but generally a dry scabby surface?—Yes, I have seen it.

3641. Is that generally followed by secondary symptoms?—I should say generally not, it being a non-indurated sore.

3642. Do you find induration generally on that part of the penis—the body of it?—I have frequently seen it there.

3643. Not so common as on the foreskin?—I should say not; the scabby state of the dry looking sore on the body of the penis just alluded to, I think, depends upon the difficulty of dressing that part and the discharge drying on the surface.

3644. Do you find, from the formation of the male organ, where there is a redundancy of prepuce, or a difficulty of retraction, or from a shortness of the frenum, that such persons are much more liable to injure themselves, and, of course, to catch disease, where there is any poison in the female?—Yes, I think that a person with an elongated prepuce, or a person whose prepuce does not readily retract, is more likely to contract disease, partly because the skin is more delicate from being constantly covered.

3645. Do you find that some persons scarcely ever have intercourse without chafing, or the parts being inflamed afterwards?—Yes.

3646. Would you recommend such persons if an operation, not of a very severe kind, could be performed, to have the prepuce removed or have it expanded?—Yes; I think it would be a great benefit to them.

3647. Or a division of the frenum?—Yes.

3648. With regard to ablution, do you think that daily ablutions with soap and water under the prepuce would often preserve a person from excoriation, and does not the constant retention of the secretion on the internal prepuce, especially round the corona, often induce a very tender and almost excoriated state of the parts?—The retention of the preputial secretion is very apt to cause excoriation. I think it certainly should be washed away daily.

3649. You would recommend among sailors and soldiers, the daily ablution of those parts?—Yes, for the sake of cleanliness, and also because I think it would harden the skin.

3650. In the examination of females, do you find it necessary to use the speculum?—In a great majority of cases I believe it to be not necessary, and that the primary disease is visible without it. But it is impossible to be certain in any given case, without a careful examination with the speculum, that a sore is not situated higher up.

3651. Have you found a sore on the os uteri?—Yes, and deep in the vagina.

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3652. In considering the question of diminishing the disease, more especially in the army and in the navy, do you consider it is of the greatest importance to attend chiefly to the cure of syphilis when contracted, or to the prevention of it by guarding against contact with impure people?—I believe both to be of great importance. My idea is, with regard to the army and the navy, that much might be done towards the prevention of the disease by inspection of prostitutes in seaport towns and in garrison towns. As to the general public, I doubt whether the inspection of prostitutes would be of so much service. I doubt very much whether, in those continental towns where inspections are regularly carried out, they have not as much syphilis as we have in London. I think also that there is a very large source of syphilis in the general public from women who would never come under supervision, not being regular prostitutes, but servant girls, dressmakers, and people of that class. These persons largely disseminate syphilis, but it is impossible to reach them by any system of inspection.

3653. Would you not recommend that public prostitutes should be examined and cured?—It is, of course, very desirable that this should be done, and to some extent it may be possible to effect it; nevertheless it is not clear to me that there is less syphilis in Paris than in other large towns, where there is no inspection, as in London.

3654. *Dr. Donnet.* Have you ever observed induration of the post-cervical glands?—Yes.

3655. Do you think that it is due to the disease itself, or is it dependent upon some eruption on the scalp or skin?—I think it depends in a majority of cases, on some source of irritation in the skin with which those glands are associated.

3656. You do not think that it is an indication of the disease?—I have never been satisfied that it is an indication of the disease arising primarily in those glands, but I am not prepared to deny that it may be so.

3657. Have you ever seen it arise from sore throat?—I cannot say that I have.

3658. What is the average time that women remain in the Lock Hospital under your charge?—Four or five weeks.

3659. In a given number of prostitutes, do you know what proportion among them would be diseased?—I do not know.

3660. If sufficient accommodation for the treatment of a majority of those women were provided, would syphilis, in your opinion, be diminished in a very material degree?—I think it would be diminished; if there were large opportunities of treating diseased women, the disease would be diminished certainly.

3661. Do you think that Lock Hospitals are absolutely necessary?—I consider that they are very necessary.

3662. *Mr. Spencer Smith.* You mean, I presume, that they are absolutely necessary, if the disease is to be diminished?—Yes; I think that the very best way of diminishing the disease would be to establish Lock Hospitals, and I believe that much more good may be done by Lock Hospitals than by police regulations. Police regulations can only act upon the professional prostitutes, whereas Lock Hospitals will be resorted to not only by the professional prostitute, but also by the non-professional class to which I have alluded.

3663. Referring to the opinion which you have expressed as to continental towns, are you prepared to deny that men who have intercourse with prostitutes are not safer if police regulations are carried out?—With the registered prostitutes they are safer certainly.

3664. And seeking for intercourse with women uncontrolled by police regulations is their own affair and risk?—Yes. *Mr. Jas. Lane.* 16 May, 1865.

3665. So that police regulations are beneficial to society, if properly carried out?—To that extent, yes.

3666. *Chairman.* Is there any other information that you desire to give the Committee?—Nothing else occurs to me.

The witness withdrew.

Friday, May 19, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

George Green Gascoyen, Esq. (Surgeon to the Lock Hospital, and Assistant Surgeon to St. Mary's), examined.

3667. *Chairman.* How many years have you been attached to the Lock Hospital?—About six years. *Mr. Gascoyen.* 19 May, 1865.

3668. Have you had large opportunities of seeing venereal diseases in that hospital?—I have seen a great number of cases.

3669. The hospital is restricted to female patients, is it not?—No, males and females are received.

3670. Are not the male patients brought down to Dean-street?—Yes, all the males are at Dean-street.

3671. Do you recognise two forms of primary sores marked by the characters of hard and soft?—Yes, I am compelled to do so.

3672. In what proportion of cases do you see secondary disease follow the soft sore?—Only in a few cases, but in some.

3673. Do you believe in the unity or duality of the poison?—I believe in the unity of the virus.

3674. How do you account for the different local characters of the sores, supposing your notion to be correct as to the unity of the virus?—The constitution has something to do with it, the locality of the sores also, the source from which the virus is obtained, and the condition of the infecting fluid at the time of inoculation.

3675. You attribute the different characters of the sores to the constitution of the individual, and to the locality of the sore?—Yes, partly.

3676. To what other causes?—To the source from which the virus is taken, whether from a person free from constitutional syphilis, or already the subject of that disease. But I attribute the differences in the local characters of the sores chiefly to the condition of the virus at the time of inoculation, whether before or after it has undergone degeneration, and so lost its specific power of infecting the system, the evidence of which I consider to be the induration about the primary sore.

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3677. Do you believe that a hard sore is obtained from a hard sore, and a soft sore from a soft one?—In many cases, but not invariably.

3678. Do you believe that a soft sore can produce a hard one?—Yes.

3679. And *vice versâ*?—Yes.

3680. Do you feel strong in that opinion?—Yes, I am persuaded of it from my own experience, and it has been proved by experiments.

3681. How do you account for the remarkable difference in the period of incubation, as it is called?—I do not admit a period of incubation, except for the secondary disease.

3682. Is it not true that a man with a soft sore will generally refer his disease to an intercourse three or four days previously, and a hard sore to an intercourse six, ten, eighteen, or twenty, or any number of days previously?—In the majority of those cases I think it is the pain and the discomfort which the soft sore has given to him that compel him to seek for advice.

3683. But that hardly meets the question. Do not men who come to you with a given character of sore generally acknowledge that they have had intercourse within a few days in the case of a soft sore, and not within a few days in the case of a hard sore?—It is frequently so; but I have met with cases where persons have had intercourse within three or four days previously, and a pustule has resulted immediately, and been followed by an indurated chancre.

3684. Yes; but there was no induration at the time?—No, not when I was first applied to; there had not been sufficient time for the induration to manifest itself.

3685. Am I to understand you to mean that if that person, instead of consulting you in the pustular stage, had remained without medical advice up to the indurated stage, he would have referred the cause to an intercourse that would correspond pretty much with the ordinary duration of the incubation of a hard sore?—Yes; I think that the pustular stage follows intercourse immediately, and is frequently overlooked, so that the chancre is fully formed before the patient is aware that he is diseased, and he dates the commencement of his sore from the time that he discovered it: the hard chancre not being painful often escapes observation for several days, and thus a period of incubation has been assigned to it, whilst this is not the case with the soft sore, which is speedily detected by the pain and inflammation attending it. There are, however, undoubted cases where indurated chancres have followed, fifteen, twenty, or even thirty days after connection; but these, I think, are the products of secondary inoculation —from intercourse with a person suffering from secondary syphilis—since the time of incubation and other phenomena exactly correspond with those described when the secretion of a mucous tubercle has been artificially inoculated upon persons free from syphilis, for the purpose of experiment.

3686. Do you suppose that all indurated sores have a date of previous disease, whether abrasion with a pustule or papule, which passes into induration?—I believe that many indurated sores commence with a pustule, but I think that many do not; and those which do not commence with a pustule (always excepting chancres produced by the direct application of the syphilitic virus to a raw surface) have a period of incubation; but in these cases I am of opinion that inoculation has taken place from some secondary syphilitic affection.

3687. What do you mean by that?—I mean that in the case of an indurated sore succeeding to a pustule, the pustule commences immediately after intercourse, and there is no period of incubation: but where delay does occur between the infecting coitus and the commencement of the disease, there is no pustular stage, the chancre beginning as a hardened

papule or tubercle; when the disease commences in this form after a period of incubation, I believe that infection has resulted from inoculation of the secretion of a mucous tubercle, or some other secondary lesion. *Mr. Gascoyen.* 19 May, 1865.

3688. Do you mean from a second intercourse?—No.

3689. Is there not a great difference in the condition of the glands in the groin in the two cases of the soft and hard sores?—Yes; a very marked difference.

3690 Is there not commonly suppuration with a soft sore?—Yes; suppuration succeeding to acute inflammation: in the hard sore the glands take on very much the same action as the sore itself, and become indurated, but not inflamed.

3691. Have you seen secondary symptoms frequently follow suppurating glands?—Not infrequently; but it is an exception.

3692. Then I need not ask you whether you believe that a sore may present itself early in the form of a soft sore, and afterwards become a hard one?—I think it may, and not infrequently does so.

3693. May it assume that character of hardness that would justify the term which has been employed, cartilaginiform?—Yes; certainly.

3694. Raising the tissues in a large rounded mound of hardness?—Yes.

3695. That may begin with a pustule and with a soft sore?—Yes.

3696. For what length of time will it remain so?—For a varying period. I have known a sore remain unindurated for nearly two months, and then take on induration.

3697. If a primary sore went through its stages kindly, as it is called, without any symptoms of local irritation, should you look for secondary symptoms?—Yes.

3698. It is not necessary for a sore to go through a stage of induration to produce secondary disease; but a soft sore *per se*, going easily and smoothly through its various stages, can produce secondary disease?—I have seen secondary disease follow a soft sore on some few occasions. Whether I have overlooked the induration, or whether the induration has passed away before I have seen the patient, I am not prepared to say, but I certainly should expect induration at some period of the existence of that sore, as I regard induration as the first symptom of the secondary disease.

3699. Do you think that the induration of a sore can pass away under treatment and leave the ulcerative stage open?—I think so, either under treatment or without treatment, if the induration be slight.

3700. Do you ever use the term "parchment" sore?—I know what is meant by it, although I do not use it.

3701. Do you think it is a legitimate term; does it express anything that you have seen much of?—Yes, quite so, on certain parts; one sees that description of sore generally on the dorsum of the penis and on the skin of the abdomen.

3702. According to the opinions which you entertain, you would be unwilling to give any guarantee to any patient of exemption from secondary disease after a primary sore?—I certainly should not promise it.

3703. Do you attribute the liability to constitutional disease to the individual?—The severity of it I do.

3704. But not the actual secondary disease?—No, not the constitutional disease; that depends upon the nature of the sore, without any reference to the constitution of the individual.

3705. Does mercury, employed in the first stage of the disease, postpone or qualify in a material degree the secondary disease?—I think it postpones the secondary disease very materially, and it modifies it also to some degree.

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3706. How does mercury act, in your judgment; not as a specific?—No; as an eliminating agent.

3707. To what extent do you carry its use?—I seldom exceed six grains of blue pill in the day, three grains night and morning, with a small quantity of opium.

3708. Have you any preference for the internal administration of it, or for the use of unguents or fumigation?—I prefer blue pill for primary sores, and mercurial baths for the secondary affections.

3709. To what extent do you use mercury. I mean, with what effect upon the constitution?—I continue the medicine until I see a small halo, or areola, round the margin of the gums, and then I diminish the quantity. I never push it to salivation, or until it causes the patient discomfort in the way of purging him; or making him feverish.

3710. In reference to the means employed for preventing the spread of syphilitic disease, do you think that frequent ablutions for both soldiers and sailors, and civilians, would exercise a decidedly beneficial influence in the prevention of the disease?—Yes, I think it is the principal preventive.

3711. What do you mean by ablutions?—A thorough washing of the prepuce and the surface of the glans with soap and water.

3712. Frequently?—I should recommend a man to wash every day, and always as soon as possible after connection.

3713. Are you of opinion that a man who employs those invaluable agents, soap and water, is less likely to be contaminated by the syphilitic poison than a man who does not practice ablution more than every third or fourth day?—Yes, certainly.

3714. Have you ever formed an opinion whether there is invariably a secretion on the under-surface of the prepuce, or whether, as a rule, it is dry and not moist; and whether in many persons who do not practice ablution for a fortnight, you would find any manifest difference in the appearance of the glans?—It must be very exceptional not to find a collection of secretion beneath the prepuce when the parts have not been washed for a fortnight, and in such case the mucous membrane at the corona glandis—where the secretion chiefly accumulates—would often be red, softened, and partially denuded of epithelium.

3715. Say a week or several days?—I think that after three or four days even, you would be sure to find, in a large majority of cases, a moist secretion.

3716. Do you think that daily ablution with soap and water would not tend to irritate the surface rather than to render it hard?—I think that ablution tends to harden it, so that its power of absorption is diminished considerably, and therefore the danger of infection is lessened.

3717. Therefore, according to your opinion, daily ablution is a desideratum?—A very great one.

3718. How long after intercourse do you think that ablution may be profitably and advantageously used?—It is better that it should be used immediately; but I think that even if an hour or two have elapsed, it is desirable to wash as a means of prevention.

3719. How do you justify that opinion?—Because I think that matter introduced between the prepuce and the glans may be absorbed by the surface of the glans; but a considerable time elapses before this absorption takes place, if there has been no abrasion of surface, and even after some hours it is quite possible to wash the poison away.

3720. Do you think that the matter may be imbibed through the skin?—No, through the mucous surface, where the epithelium is so thin, it is

possible that it may be imbibed, if one may use such a term, but not through the skin, where the layers of the epidermis are thicker; the matter may enter one of the follicles of the skin, and by exciting inflammation there, cause a raw surface through which the patient may be poisoned; but this is not absorption, or imbibition through the skin.

3721. Under all circumstances, within a reasonable time of intercourse, you would recommend ablution?—Yes, strongly.

3722. With regard to the evils of concealing disease in the army, supposing a man to have a chancre, and that he conceals it from the medical officer for a period of ten days, do you consider that the healing process of that sore would be materially protracted thereby?—In nearly all cases I think it would be protracted, but in some it would be very much so.

3723. Suppose that at the end of ten days a man with a soft sore presented himself at the hospital, and the surgeon destroyed the sore, whether by escharotics or by the knife, do you think that the loss of those ten days, followed by that local treatment, would be attended with any considerable prolongation of the time that he would remain under treatment?—Yes, I do.

3724. You will bear in mind that the sore is destroyed actually and completely either by nitric acid, or by some other escharotic?—Yes.

3725. Or removed bodily by the knife?—Yes.

3726. Surely that would leave a very large ulcer underneath?—A very large one; and therefore the time required for its healing would be increased, so that the length of time during which the man remained under treatment would be much augmented.

3727. What do you think is the usual period for the healing process of a soft sore?—It varies from three to six weeks, giving an average of about a month.

3728. Supposing a man was brought in early in the pustular stage of the disease, and that it was destroyed by nitric acid, I can understand that that sore so produced, small in size, would heal in a fortnight?—Yes, quite within that time if you treat the disease in the pustular stage.

3729. How long would you give a man in the case of a large sore at the end of ten days, which sore, being large, is destroyed by escharotics, supposing it to heal kindly?—From a month to six weeks.

3730. Then he would have sustained no harm from being out so long?—Certainly he would; for if a pustule or small recent sore be destroyed by nitric acid the man will be well within a fortnight: but if he has allowed ten days to elapse without any treatment, the sore will often have attained a considerable size, so that, when destroyed by an escharotic, the remaining ulceration will be so large as to require a month or more to heal, and, therefore, his loss of service would be much greater than if he obtained advice in the early stage of the disease; besides, his liability to bubo would be very much increased.

3731. Have you read the Contagious Diseases Prevention Act?—I have.

3732. Do you approve of the provisions in that Act?—Yes.

3733. Do you think that the Act is calculated to be serviceable in checking the progress of syphilis?—I think so, if properly carried out; but it does not go far enough.

3734. What would you do further?—I would have a registration and periodical examination of prostitutes.

3735. *Dr. Wilks.* I did not quite understand what you said about each sore producing its like; did you say that you thought it did not?—Not invariably; I think that a soft sore will sometimes give rise to an indurated sore, and the reverse.

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3736. Have you any observations to make in regard to that, or any cases to mention?—I have seen cases where women with soft sores have communicated hard ones to men who had intercourse with them. Occasionally the secretion of a hard chancre will inoculate the tissues in its vicinity, and the sores thus produced are always soft. I have also, in two or three instances, been able to inoculate, with the lancet, the fluid of an indurated chancre upon the patient himself, and the sores resulting have always been of the soft variety. I have such a case under observation now.

3737. You spoke of an instance in which some patient was inoculated?—Yes; there is at present in the Lock Hospital a man upon whom I have performed a series of inoculations with the matter from a well-marked indurated chancre, and the sores arising therefrom present precisely the same characters as the ordinary soft sore.

3738. Have you ever tried that on a person who has been, as it is said, a virgin?—No.

3739. Have you any difficulty in inoculating under those circumstances?—There is great difficulty in inoculating a hard sore as a rule; but where it suppurates, it is quite as inoculable as a soft one. Such inoculations are re-inoculable several times upon the same person.

3740. Have you no doubt that it is the true syphilitic virus which you are using?—None whatever.

3741. Do you think the proof is sufficient without inoculating on a previously healthy person?—It has been performed I believe. I have not done it.

3742. Did you ever adopt that plan as a cure; syphilisation as it is called?—No, I have never tried syphilisation as a curative agent.

3743. I suppose you have formed an opinion about it?—Yes; and I am not at all in favour of that mode of treatment. I do not see how it is possible to cure a patient by it alone.

3744. Do you believe the facts which are stated by the advocates of that practice?—I believe that sores have been produced, and can be reproduced almost indefinitely; and it is quite possible that some little good may have resulted, but simply because these sores have acted as a gentle counter-irritant to the skin, and a blister would have served the same purpose, without the pain and inconvenience attending a large number of ulcers on the body.

3745. Have you ever traced a sore from a woman to a man, or *vice versâ*?—On three or four occasions I have.

3746. Have you made any observations of any value as to that *pro* or *con*?—I have traced a soft sore from a soft sore, and I have twice found a hard sore on the man when there has been a soft sore on the woman; but the induration passes away very rapidly from the female genitals.

3747. On what part of the organs of generation was it situated?—At the inferior fourchette in both cases.

3748. Did you know the after-history of the women?—I know that they had constitutional disease afterwards, and they both positively declared that they had had none before.

3749. I think you stated that you believed the constitutional disease was communicable from one sex to the other?—Yes, I have no doubt of it.

3750. By what means is that so, do you think?—I think that certain secretions are communicable by inoculation; for instance, if the secretion of a mucous papule be deposited in an abrasion, that will contaminate the person. I believe, again, that an individual with constitutional disease having habitual intercourse with one person, will poison that person ultimately; and that, I suppose, will result from the diseased seminal fluid of the man being absorbed through the vaginal membrane.

3751. In the case of a man obtaining constitutional disease from a woman, what would the local affection be under those circumstances?—He may have a variety of affections; mucous papules are often the first symptom of his infection.

3752. But I am referring to the point of contact where the virus enters on the penis, or need he have none?—I do not think he need have any of necessity; I have known some cases of constitutional disease where there has been no local affection observed.

3753. Do you believe that the virus would be introduced through some breach of surface on the organs of generation?—A breach of surface is often a means of entrance; but I think a man may contract constitutional syphilis by absorption of a diseased secretion through a mucous membrane without any breach of surface.

3754. Do you think that a man might get a primary chancre from a woman who was affected with constitutional syphilis?—I think he might get a chancre, but I have no actual proof of it. We are told by those who have performed this experiment, that inoculation of a secondary secretion produces an indurated sore on a virgin subject, and I have no reason to doubt it; but although a sore may be thus produced, I should not consider it to be a *true primary chancre*, since the phenomena attending its development differ essentially from those which succeed to the inoculation of matter from a recent syphilitic sore.

3755. If you see a sore of a doubtful character, how soon do you think a man will be safe against a secondary attack?—Not until a considerable period after the sore is healed.

3756. Weeks or months?—Some weeks after the sore is healed. Generally speaking, with one of these doubtful sores, the secondary disease commences with some slight induration at the cicatrix. If several weeks have passed and there is no induration, I should think the person safe.

3757. *Dr. Babington.* Did you say that you thought secondary syphilis was communicable by intercourse?—Yes, I have no doubt of it.

3758. Would you place women with secondary symptoms in Lock Hospitals?—Yes, certainly I would.

3759. Because you would consider them likely to communicate disease?—Yes.

3760. You have seen a pustule before it has become indurated?—Yes.

3761. Would that pustule, if removed by abortive treatment, stop the disease, do you think?—I could not say; I should almost doubt it.

3762. Did you never try the abortive system under those circumstances?—I have tried the abortive treatment in the pustular stage; but I do not know whether that pustule was the commencement of an infecting or a non-infecting chancre, since this mode of origin is common to both kinds of sore.

3763. Does that pustule arise from an abrasion of the skin, or may it come on a part where the skin is not abraded?—It would commence where there was no abrasion: a pustule cannot be formed on a part where the skin is removed.

3764. Do you ever treat patients in the primary stages of the disease without mercury?—I have done so, but I do not do so now in the case of hard sores; I have done it as an experiment.

3765. With what result?—It has appeared to me that the secondary affections have shown themselves more quickly.

3766. Do you consider that a person will, after the primary symptoms are cured, be well enough to attend to his business?—Yes, or even during the existence of the primary sore.

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3767. Do you keep your patients in bed with primary sores, or do you consider that the better mode of treatment?—No, I allow them to go about a little, unless the sore be very irritable.

3768. Would they not be more likely to have buboes if they went about?—If they took much exercise; but generally a man is quite capable of attending to his business, unless it be one requiring much walking.

3769. In the case of a female, would not abrasion and friction be more likely to cause irritation and prevent a cure if she were not kept in bed?—That depends, I think, upon the situation of the sore. I should allow her to walk about as a general rule.

3770. Do you use iodide of potassium in the cure of syphilis?—I use it largely for the cure of constitutional disease.

3771. Do you believe it is capable of curing secondary symptoms, or only of ameliorating them?—I think it is very useful in an attack of secondary disease, but it is not permanently curative.

3772. Do you use it in conjunction with mercury, or do you use it alone?—Sometimes in conjunction with mercury, and sometimes alone; in the more advanced stages of syphilis I use it alone, but in the recent constitutional affections I combine it with mercury.

3773. Do you consider iodide of potassium a stimulant, or a corroborant?—I look upon it as rather a depressing medicine, and I very often combine it with the sesqui-carbonate of ammonia.

3774. You would hardly give it (iodide of potassium) with mercury?—Yes, I should in certain cases, but in small doses.

3775. Do you ever see Jews or Jewesses in the Lock Hospital?—Rarely; not often. I have had some Jews among the out-patients, but I do not remember any among the in-patients; they object, I think, to the diet.

3776. Do you believe that circumcision is protective rather than otherwise?—Yes, very much so indeed.

3777. On what account?—Because there is no place for the lodgment of the venereal poison, and the secretion is rubbed away by the clothes; the membrane covering the glans becomes hardened when circumcision has been performed, and less capable of absorption.

3778. Do you think that all the secretions are capable of imparting disease; for instance, the blood and the saliva?—I cannot say, but I doubt very much whether the saliva can do so. I know nothing of the inoculation of syphilitic blood from my own experience.

3779. How many patients do you place under one nurse in the Lock Hospital? What is the staff of the Hospital?—In the female wards there are fifty beds under the charge of two nurses. In the male hospital there are thirty beds and one nurse. We seldom fill the thirty beds, for, in general, men will not come into the Hospital unless they are almost compelled to do so; they would rather remain out-patients.

3780. Do you think that one nurse for so many is sufficient?—Yes. I ought to have mentioned that there is an assistant for the male patients, but his time is partly occupied elsewhere.

3781. Do you employ the patients as assistants?—Yes, they do a good deal of work in the wards.

3782. Is there any difference in the diet given to venereal patients as compared with the diet given to other persons? Would salt meat and herrings be objectionable?—No; I would rather not feed a person exclusively on salt food, but I do not think that a small quantity is injurious.

3783. Do you use beer or stimulants?—Yes, largely.

3784. And sometimes brandy?—Yes, for certain patients; in cases of sloughing and so on. In fact, the treatment in this respect is the same for syphilitic patients as for others.

3785. I suppose the expenses, as far as you know, are about the same per head as elsewhere?—No; the expenses are less than in most hospitals, for certain patients do not require the more expensive medicines, or an expensive diet. I think that the cost of each bed at the Lock Hospital, is about 40*l.* a-year, which is below the average of the general hospitals.

3786. *Dr. Balfour.* Does that include the rent of the Hospital?—No.

3787. *Dr. Babington.* Do you use mercury in the soft as well as in the hard sores?—Generally not. If I found that a soft sore remained for a length of time without healing, I should give small doses of mercury.

3788. I suppose you always use it in the case of hard sores?—Yes.

3789. Do you believe that mercury acts at all as a specific?—No; mercury is an eliminant agent simply.

3790. *Dr. Balfour.* I think you stated that you had seen cases where a soft sore had taken on hardness after nearly two months' duration?—In one instance.

3791. To what did you attribute the hardness, to local irritation, or constitutional affection?—To constitutional affection.

3792. Was there any special local irritation to produce inflammation?—There was no inflammation whatever: the base of the sore became indurated: it was not simply hardened from the effusion produced by local irritation.

3793. Have you been able to trace phthisis, or any other fatal diseases to syphilis?—Syphilis is a very depressing disease indeed, and I believe that if a person be predisposed to phthisis, or some other constitutional diseases, he is more likely to have them developed after syphilis, because it depresses the system, and weakens the vital powers so much.

3794. Do you think it has any special tendency to the development or deposit of tubercle?—Not specially so, in no other way than I have said.

3795. Have you seen any instances of tertiary syphilis being developed by the use of mercury?—I think I have. At any rate I have seen cases of tertiary syphilis which have been rendered much more severe by the injudicious administration of mercury.

3796. What were those symptoms?—Necrosis and large intractable ulcerations of the skin and throat. I have seen necrosis of the jaw occur in two cases from the excessive use of mercury.

3797. Had the patients had syphilis before?—They had chancres, for which they were salivated. One of them had only a soft sore, which was not healed when he came under my care. He is in the Lock Hospital now, and has been there for some months; no secondary disease of any kind has shown itself.

3798. In that case, do you consider the necrosis to be a mercurial disease and not a syphilitic one?—I think it was a mercurial disease. The gums were violently inflamed, the periosteum then became involved, and the bone died for want of its proper supply of blood; whilst in necrosis resulting from syphilis the bone or periosteum are first affected.

3799. *Mr. Cock.* With regard to the exhibition of mercury, would you give mercury independently of the state of the health of the patient, or in other words, would you give mercury because a person had syphilis, if he were in a low state of health from hard work or debauchery, or in other cases; or would you improve the general health first?—I would try to improve the general health first.

3800. *Dr. Donnet.* Do you employ cauterisation in the treatment both of the hard and soft sores?—No, only in the soft; but I very seldom employ it at all.

3801. Have you seen the so-called tertiary symptoms follow a primary lesion before any secondary eruptions have manifested themselves?—Yes; I have in some cases, but they are exceptional.

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3802. What were the symptoms that you observed?—Rupia, and often nodes; in two or three cases that I can call to mind, large and deep ulcerations. I have noticed that it is usually in scrofulous subjects when these so-called tertiary symptoms immediately follow a primary sore.

3803. Have you remarked that any secondary symptoms have followed those so-called tertiary symptoms?—Yes, I can recollect one case where there was an attack of general psoriasis of the body. I mean by psoriasis, those small round spots of the size of a threepenny piece.

3804. Following tertiary symptoms?—Yes; following nodes.

3805. What is your treatment of tertiary symptoms, and do you consider them syphilitic?—No, I think they are rather cachectic than syphilitic.

3806. Is it an accident do you think upon a syphilitic diathesis?—I believe that it is almost sure to supervene on syphilis, if the syphilis has been badly treated or neglected.

3807. Have you ever observed induration of the post-cervical glands in syphilis?—Yes; that is very common.

3808. Do you consider that the induration is characteristic of the disease, or only dependent upon some eruption on the scalp, or the skin?—I think it is frequently dependent upon some eruption on the scalp; the sub-occipital glands become first involved by an eruption on the head, and the post-cervical glands are affected afterwards. I have found, however, induration of the post-cervical glands where there has been no eruption on the scalp.

3809. Have you ever noticed that the post-cervical glands became indurated after having observed sore throat?—No; I do not think that the post-cervical glands become indurated with sore throat. The glands along the course of the sternomastoid muscle are very frequently affected when the throat is involved.

3810. Is there much phagedena in the Lock Hospital?—Yes; there is generally a case in the hospital, either in the active or healing stage.

3811. Do you consider that a syphilitic disease, or an accident depending upon the diathesis?—An accident.

3812. What is your treatment of phagedena?—I destroy the margins of the sore with strong nitric acid, and support the patient in every possible way. I then usually apply either the tincture of benzoin and a poultice, or a strong lotion containing the tincture of the sesquichloride, or the potassio-tartrate of iron, with or without opium. I have sometimes found a strong solution of the potassio-tartrate of iron freely applied to the sore, to be a more effective check to its spreading than destroying the edges with nitric acid.

3813. What number of male patients are received into the Lock Hospital during a year?—I think we received from 300 to 400 last year, but these are exclusive of out-patients. I speak of the in-patients alone.

3814. What is the average period that each patient remains in the hospital?—I will enquire, and supply an answer.*

3815. Is it your opinion that treatment by mercury shortens the disease, and that men so treated are enabled sooner to return to their duties?—Yes, I think it shortens the disease materially; and the primary sore heals more rapidly, in the majority of cases, with mercury than without.

3816. *Mr. Quain.* Do you keep a full register of the cases, and the character of the cases treated in your hospital?—Yes, we have a short history of each patient.

3817. Containing the leading facts of the case?—Yes.

3818. Could you furnish to the Committee an account of the number and the different kinds of sores treated in a year, and the duration of

* See Appendix to this Evidence, Q. 3814.

the treatment for the primary disease and the secondary disease?—I could do so as to the in-patients, but not so fully as to the out-patients: the out-patients amount to a very considerable number.* *Mr. Gascoyen* 19 May, 1865

3819. Could you furnish any return as to them?—I think I could from my own papers, if I can meet with them, for I was particular in entering them.*

3820. You have said that you have treated, or have seen treated, the primary disease without mercury, and that you have come to the conclusion it was better to use mercury. As regards the constitutional disease, have you treated it, or seen it treated, without mercury?—Yes, to a somewhat considerable extent.

3821. What was the result, or what was the difference that you observed between the effects of the treatment without mercury and with it?—In the more advanced, or so-called tertiary, stages of syphilis, I have nearly always found that the use of mercury aggravated the local affections, and induced feverish symptoms with loss of appetite, thus adding to the general cachexia under which these patients labour. But I have noticed that the earlier, or so-called secondary affections, such as the ordinary exanthematous, papular, or scaly eruptions, usually commence to disappear, and pass away much more rapidly under a mild mercurial treatment, than without it.

3822. Have you watched cases which have been treated without mercury to their termination, being apparently cured, and if so, do you think that the duration of the disease was longer than where that medicine had been used?—Yes, I have been able to watch some few cases up to their termination, until they were apparently cured, and the length of time required for their recovery was longer without mercury.

3823. Had you an opportunity of watching those patients afterwards, and did you ascertain whether the relapses were or were not more frequent than after treatment with mercury?—In the very few cases in which I have been able to watch the result the relapses were frequent—more frequent than I should have expected after a mercurial course.

3824. After mercurial treatment are the relapses frequent?—In some cases they are, more especially if a person be of a strumous habit of body, or peculiarly susceptible to the influence of mercury.

3825. Do you then treat those cases by a repetition of the mercury, or by some other means?—I should give very small doses of mercury, combined with iodide of potassium, in some tonic infusion, and cod-liver oil at the same time.

3826. Can you give any opinion as to the time when a person who has had constitutional disease might, if apparently fully cured, be free from the fear of a relapse?—I could not mention any time.

3827. Have you seen the symptoms of syphilitic disease return after the lapse of a very long time?—I have been told of it, but I do not know it from my own observation. I remember one case particularly, where the man died from caries of the bones of the skull, and he declared that he had not had any manifestations of syphilis for thirty years, until the disease which proved fatal came on, but that is hearsay evidence only.

3828. Have you observed much of the hereditary form of syphilis?—I have seen many children with hereditary disease.

3829. Have you noticed the parents of those children?—I have always had an opportunity of seeing the mother, and in some cases both parents.

3830. Had the parents in those cases any appearance of syphilitic disease of any kind?—Some of them have had the appearance of it, and others have not, but I have always been able to get a history of syphilis.

* See Appendix to this Evidence, Q. 3818, 3819.

Mr. Gascoyen. 3831. Although not appearing at the time in either of the parents?—Not at the time that I have seen them.

19 May, 1865. 3832. While the child had the disease?—Yes, but I have always been able to trace some evidence of syphilis, either in the father about the time when the child was begotten, or in the mother during her pregnancy.

3833. Have you observed cases of grown-up children or adults, who had marks of hereditary syphilis upon them; and have you noticed the teeth and eyes with reference to that subject?—I am not prepared to say anything upon that.

3834. When you state the average cost per bed in the Lock Hospital to be 40*l.* per annum, what expenses do you include in that estimate?—The medicines and food of the patients, the washing, and the wages of the nurses; in fact, it includes the usual hospital expenses.

3835. All the domestic expenses?—Yes, it also includes the cost of the medicine given to the out-patients, but this is not a very heavy expense, since the medicines are chiefly some form of mercury, copaiba, iron, injections, &c.: quinine and some of the more expensive drugs are used, but not in large quantities.

3836. *Dr. Balfour.* You have not included in the estimate you have given the house-rent or furniture?—Neither the house-rent, nor the wear and tear of furniture.

3837. You have estimated the expense per bed at 40*l.* per annum?—Yes.

3838. That, you say, includes the cost for the out-patients?—Yes.

3839. If there are 300 patients in the hospital and 2,000 out-patients, the amount you have given would include the expense connected with 2,300 patients in and out?—Yes.

3840. *Mr. Spencer Smith.* You stated, in answer to a former question, that you thought the locality of a sore had something to do with its softness or hardness; have you ever seen hard sores on the head?—Yes.

3841. Have you seen them on the scalp?—No, I have not.

3842. Have you ever seen them above the eyebrows?—I have seen one immediately above the eyebrow, but I could scarcely say on the forehead.

3843. Do you believe that that is due to the tissue?—No; I think it would be possible to inoculate a hard sore upon the scalp of a virgin person, but I never saw one. I have produced a soft sore upon the scalp of a woman—who was suffering from constitutional syphilis—by inoculation of matter taken from a non-indurated chancre on her labium; and a re-inoculation upon the shoulders, from this sore on the scalp, again produced sores in all respects similar to their original. This was repeated upon the scalp with matter taken from the ulcers on the shoulders.

3844. Have you ever seen them on the face?—Yes.

3845. On the nose?—Not on the nose. I have seen them on the lips, on the cheek, and the eyebrow.

3846. Referring to an answer you gave to Dr. Wilks about syphilisation, do you believe when a hard sore is made to suppurate artificially, in order that pus may be obtained from it for inoculation, that that pus is truly syphilitic matter, or that it is only spurious matter?—I should think it would form an infecting sore if inoculated upon a healthy person, and probably a hard one.

3847. Do you believe that Professor Boeck, of Christiania, is syphilising people or not?—I do not think he is.

3848. You believe that he is not introducing fresh virus into the system, each time he inoculates a person from a hard sore made to suppu-

rate artificially?—I do not believe that he is, because the patient is already under the influence of syphilis, and is therefore incapable of further contamination by the same disease. Such being the case, I do not think that inoculation of fresh virus can produce any general effect upon the system.

3849. Do you believe that syphilis, under favourable circumstances, or under any circumstances, can be reproduced?—Do you mean by promiscuous intercourse?

3850. Yes.—I do not think it could, but it is only an opinion.

3851. You have perhaps not thought much upon the subject?—I have thought upon it, and I do not think it could be.

3852. Do you believe that a man who has once had constitutional syphilis is free from a second attack?—No; I think it is quite possible that he may be infected a second time; but I have no proof of it. We know that a man may have a second attack of small-pox, and it is not improbable that the effects of a first syphilis may wear out, and he may have a second attack of the disease: but this must be vary rare.

3853. You cannot say that you have seen it?—No.

3854. With regard to general eruptions, do you consider the dry forms of eruptions more amenable to treatment by mercury than the other forms?—Yes, I think they are. By the dry forms, I presume you mean lepra, psoriasis, and the scaly eruptions?

3855. Yes. On the other hand, the pustular forms, especially rupia, are not so amenable?—I think rupia is better treated without mercury.

3856. Do you think you would have any difficulty, referring to a question put to you by Mr. Quain, in distinguishing the effects upon the system of syphilis and struma?—I think that in the majority of cases one could recognise syphilitic from strumous disease.

3857. For example, in a child suffering from hereditary disease?—Yes, I am speaking of such a case.

3858. Should you say, as a rule, that mercury is a serviceable agent in any form of syphilis, marked by ulcerative action?—No, except in a primary indurated sore.

3859. Then it is not the sore that you treat, it is the induration?—Yes.

3860. Do you think that mercury is serviceable in the secondary forms of disease which are characterised by active ulcerations running on, as they do into phagedena, into gangrene, or into a sloughing process?—No, certainly not; where there is any sloughing action, in my opinion mercury should never be used.

3861. Is there any other point upon which you would like to communicate anything to the Committee with regard to the pathology or treatment of the disease?—I would simply make a remark as to phagedena. I think a mistake is often made in calling simple sloughing of the glans and prepuce, phagedena; it is a totally different action, resulting from simple inflammation, whilst phagedena is essentially of an ulcerative character. The ordinary sloughing of the glans is an affection that only lasts a few days, and after destruction of the prepuce and the glans, the sloughing generally terminates; but phagedena is an ulcerative action, and will continue for weeks sometimes.

The witness withdrew.

APPENDIX TO MR. GASCOYEN'S EVIDENCE.

Question 3814.

Mr. Gascoyen. — 19 May, 1865.

The total number of patients admitted into the Lock Hospital during the year 1864 was 346. Of these 107 were males, who each averaged 53·23 days in hospital; and 239 females, with an average of 55·21 days for each person. The mean duration was 54·604 days.

Questions 3818, 3819.

The number of persons with primary sores admitted into the wards during the same year (1864) was 98; of these 45 were males, and 53 females. There were also received 182 cases of constitutional syphilis, of which 40 were in men, and 142 in women.

Nearly all the female patients, and many of the male, were suffering at the same time with other venereal affections; 24 females and 8 males had primary sores, together with constitutional disease; these cases are included under the head of constitutional syphilis in the following Tables:—

MALES.		FEMALES.	
PRIMARY SORES:—		PRIMARY SORES:—	
INDURATED, or doubtful, and treated with mercury	13	INDURATED, or doubtful, and treated with mercury	13
Average time in hospital, 37·30 days.		Average time in hospital, 50·61 days.	
NON-INDURATED, and not treated with mercury	32	NON-INDURATED, and not treated with mercury	40
Average time in hospital, 61·78 days.		Average time in hospital, 48·92 days.	
	45		53
CONSTITUTIONAL SYPHILIS:—		CONSTITUTIONAL SYPHILIS:—	
TREATED BY MERCURY ..	13	TREATED BY MERCURY ..	102
Average time in hospital, 57·38 days.		Average time in hospital, 52·72 days.	
NOT TREATED BY MERCURY ..	27	NOT TREATED BY MERCURY ..	40
Average time in hospital, 66·25 days.		Average time in hospital, 78·52 days.	
	40		142

The average duration of treatment for primary sores in both sexes was 51·72 days; and for constitutional disease, 60·73 days. One man was in hospital for 418 days, with a most intractable serpiginous sore, which had existed for more than two years before his admission; this will account for the long average of the primary non-indurated sores amongst the male patients: if this be deducted the mean of the other 31 cases is 50·16 days.

Many of the cases of constitutional syphilis were very severe, especially amongst the women; 28 patients averaged a continuance in hospital of 151·78 days, the longest time being 371 days.

From July 1862 to July 1863 the number of Out-patients treated was 1,698, of whom 1,413 were men, and 285 women; amongst them were 321

cases of primary sores, and 29 of constitutional syphilis: these may be classified as follows:— *Mr. Gascoyen.*

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MALES.		FEMALES.	
Indurated sores	99	Indurated sores	11
Non-indurated ditto	165	Non-indurated ditto	36
	264	Doubtful	10
			57
Constitutional syphilis	167		
Sores coexisting with constitutional disease	15	Constitutional syphilis	101
Recent sores on old indurations ..	3	Sores coexisting with constitutional disease	12
	185		113

Of 285 female patients, 189, or 66·31 per cent, had a discharge from the vagina; and of 1,413 men, 633, or 44·79 per cent., had a urethral discharge.

Tuesday, 23rd May, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair*.
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Samuel Solly, Esq., F.R.S. (Senior Surgeon of St. Thomas' Hospital), examined.

Mr. Solly.
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3862. *Chairman.* I presume you recognise the constitutional disease known as syphilis?—Decidedly.

3863. Do you divide sores into hard and soft, or infecting and non-infecting?—I do not think there is any broad division. I know that there are such things as hard and soft sores; but I do not believe that with hard sores you invariably have secondary syphilis.

3864. The question is, whether there is a hard and a soft sore?—Yes.

3865. As a rule, the hard sore is followed by secondary disease?—Yes; if the disease is not properly treated.

3866. And the soft sore not?—I will not say that as a positive rule by any means.

3867. Would you say that it is as generally followed by secondary disease as a hard sore?—It is not so generally followed.

3868. Do you use mercurial treatment in the primary disease?—I do, and I believe it is the only safe treatment.

3869. When you say "the only safe treatment," will you explain what you mean?—I mean this. I believe that syphilis may be cured by mercury, if judiciously and carefully administered.

3870. When you speak of syphilis, are you speaking of a chancre?—Yes, the primary chancre; and by "cured," I mean that the secondary syphilis is prevented.

3871. I infer from the opinion you have now expressed, that you believe the treatment of the primary sore by mercury is a safeguard against the recurrence of syphilis in a secondary form?—I do, as a rule. I do not mean to say as an invariable rule,—as a positive and certain fact—but that it is the most positive and certain that we have in our possession.

3872. When you say it is the most positive, that does not determine its value, although it may be better than anything else we know of. In what proportion of cases of primary disease can you prevent the recurrence of secondary affections by the use of mercury?—I should think 1 in 50, if I can use the mercury according to my own will and plan, and I am not foiled by the conduct of my patient. I believe that in private practice you are foiled, and I believe that that is why mercury so often fails in the prevention of constitutional disease: the irregularities and habits of the patient, his neglecting his general condition, loose habits,

and drinking freely; in fact, anything that will injure the general condition of the constitution during a course of mercury, will render him liable to secondary syphilis; whereas, if he made use of mercury without injuring his constitution at the same time by other means, I think the disease would not be followed by secondary symptoms. I believe it is on that account that we are able to prevent secondary syphilis in hospitals so much better than in private practice.

3873. Should you say, as a rule, that patients are not in private practice tractable or obedient to the law laid down for them by their surgeons?—No; I do not say as a rule, but it very often happens that you certainly are interfered with.

3874. To what extent do you carry mercury, and in what form do you give it?—The form in which I prefer giving it is by inunction.

3875. To what extent?—Merely to obtain sufficient evidence that the system is affected; the less the better, so long as you have evidence that the mercury is absorbed and the system affected.

3876. What manifestations in the system do you look for?—A very slight tenderness in the gums would be quite sufficient.

3877. Have you had opportunities of ascertaining whether sores produce their like, and whether a hard sore in the male is obtained from a similar sore, and *vice versâ* in the female?—No.

3878. Have you adopted or experimented upon the use of escharotics, or other so-called abortive treatment in any form?—Yes, I have to a certain extent; but my early experience of it set me against it, therefore I did not pursue it, and I seldom do so now.

3879. Would you select a hard or a soft sore for experiment?—A soft sore.

3880. Not a hard one?—No; I have seen so many cases in which caustic has been used to a hard sore; the patients believed that they were well, and then secondary symptoms followed, and I have a great horror of it. I think there has been a great deal more of secondary syphilis since the use of mercury was abandoned, than there used to be. When I was young I was a pupil of Sir Astley Cooper and of Mr. Travers, and if a man had a case of secondary syphilis then, it was considered a disgrace to him, and he was held accountable for it; but at the present day, as every man is in the same boat, it is not considered disgraceful if his treatment of syphilis is followed by secondary symptoms.

3881. I infer that you have seen secondary disease follow a suppurating bubo, or rather follow a sore which is accompanied with a bubo suppurating?—I have.

3882. Frequently?—Yes; I think the horse-shoe bubo is the chancre transferred to the groin; it is the most obstinate form of syphilis I have had to treat. I made many drawings of the horse-shoe bubo many years ago, but they were unfortunately destroyed by fire. I think I had 20 or 30 drawings of the horse-shoe bubo, showing the shape of the ulceration, spreading, and healing, so that at last it would spread and come round to the buttocks. I named it the creeping bubo.

3883. Have you had any practical experience of syphilisation?—No; I once inoculated a patient in the thigh, from a sore on his penis, with the view of discovering whether it was syphilitic, and it produced such an awful sore that I have never done it again.

3884. Do you believe that syphilis is communicable by inoculation from persons affected with secondary disease?—I have no doubt of it; I have seen a female get secondary syphilis from her husband through the fœtus. Since I have been at the west end of the town I have seen a greater amount of secondary syphilis produced in this way than I did in the city.

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3885. Do you think that syphilis is a disease that can be produced spontaneously under the most favourable circumstances?—I have no facts to make me think so.

3886. Do you concur in the opinion which has been expressed by many that an attack of syphilis exempts the individual from a second attack?—No, I do not believe that.

3887. Do you believe that he may have the disease twice?—Yes, I am sure of it; I have known many cases of it.

3888. That is, cases of primary sores, and not relapses from former attacks?—I believe they were cases of primary sores, followed by constitutional disease, when the disease had been previously apparently cured.

3889. After what interval have you seen that?—It is going back a good many years, and I speak rather of what I recollect among the hospital pupils; I cannot exactly say after what period of years: I cannot now say to a year or two.

3890. What treatment do you adopt for the constitutional forms of the disease?—I give a course of mercury for five weeks for the primary disease, and for eight weeks for the secondary, unless there is such a condition of constitution, such debility and such general cachexia as forbids the use of mercury to the extent to which I would otherwise wish to push it; then I combine it with iodide of potassium, giving the bi-chloride of mercury with the latter. I prefer the mercurial pill simply, in the treatment of both primary and secondary syphilis.

3891. Do you consider the iodide of potassium protective, or what influence does it exercise?—I think it is a good tonic in combination with mercury, but I do not think it is a certain cure of syphilis.

3892. When you say that you subject your patients to mercurial action for five weeks in the primary and for eight weeks in the secondary disease, how do you allot the quantity in reference to the time?—I watch my cases carefully day by day, and I regulate the quantity of the dose, and, if possible, keep my patients within the house.

3893. You keep them in bed?—No, but in one atmosphere if possible.

3894. I rather infer, from what you have said, that it is not, in your view, very important to distinguish at first sight the soft from the hard sore?—You are quite right; I do not attach that importance to it which is attached by others.

3895. For the one and for the other you use mercury?—Yes, having once made up my mind that it is a chancre.

3896. Do you apply the word chancre to both forms?—Yes.

3897. Have you ever thought upon the best mode of arresting the progress, or putting a check upon the disease as regards the community at large, especially in the Army and Navy, with which services we are chiefly concerned?—No, I have not; but I do not hesitate to say this, that I think if a good check could be found with regard to the Army and the Navy, it would be most desirable. With regard to the public, I see no reason for interfering at all.

3898. Then you are rather an advocate for the perpetuity of the disease?—I think it is intended as a punishment for our sins, and that we should not interfere in the matter. I think that if every young man knew that he could have intercourse without the danger of syphilis, there would be a great deal more fornication than there is.

3899. Do you think that men are sinful in proportion as they get syphilis?—No, certainly not; but I think the fear of it keeps many men quiet.

3900. Do you not think they have higher motives?—I think some have, and some have not.

3901. Do you consider that complete ablution of the genital organs daily would afford any protection against the poison of syphilis among men who lead loose lives?—No; I am quite sure that it does not prevent it. I am also certain that even washing after connection does not invariably prevent it, and of this I speak from practical experience.

3902. You would recommend ablution for its own sake?—Yes.

3903. But you deny its influence in preventing disease?—Yes.

3904. Either *ante* or *post*?—I think that a man runs less risk o getting a chancre from connection with a foul woman, if he washes than he would if he did not wash; but I am quite sure that it does no always prevent it, because I have seen so many cases following connec tion, although a man has washed himself, and in cases in which I coul rely upon the word of the patient.

3905. Have you read the Contagious Diseases Prevention Act?—No

3906. *Dr. Babington.* You said you believed a person might hav venereal disease twice: do you mean that they can have secondar symptoms twice over?—I believe so. I believe that they can have primary sore, and that primary sore be followed by secondary syphilis that they can be cured of them, and again get secondary syphilis.

3907. And that, whether the sore be a hard sore or a soft sore?— Yes, I think so. I do not know whether I have remarked that parti cularly, because my experience upon that point would extend over th time when there was not the same distinction made between soft an hard sores.

3908. Do you consider the tertiary symptoms, such as ostitis and sor throat, and various other affections specific also?—Yes. I think it i the same poison still lurking in the blood.

3909. You do not recognise a duality of poison?—No. I do nc believe in that at all.

3910. Do you find that scrofulous patients are more easily affected b venereal diseases than others?—Yes; they are more difficult to cure.

3911. You stated, I think, that you considered the disease a punisl ment for our sins; do you think it is fair to punish the children also —No.

3912. But it is the fact, is it not, that they are punished?—If secon daries remain, certainly.

3913. And the wife?—Yes.

3914. Would not that somewhat modify your opinion, and induce yo to think that it is most desirable to get rid of the disease on their accour at least, if not on account of the sinners?—It appears to be a law Providence that the innocent should often suffer from the sins of thos connected with them; and I suppose this is permitted as a greater chec on wrong-doing. But of course it is the duty of every medical man t cure disease, and, as far as may be within his reach, prevent it. Thi disease is no exception to that rule. But as regards prevention, certainl the most efficient as well as the right course is to endeavour always, as believe every honest medical man does, to influence all within his reach t avoid, as a sin, the act which produces the disease.

3915. Do you consider all the secondary ailments equally amenabl to mercurial treatment, the moist as well as the dry forms?—I think th form of eruption depends more upon the character of the constitution c the patient, and his mode of living, than the primary sore does; fc instance, you find rupia in the lower classes of persons who have live hard and badly more than you do among the upper classes; you do nc often see rupia among the latter, unless the patient has been extremel irregular in his habits.

3916. Do you consider that rupia is produced by a specific virus?-

Mr. Solly. Yes; I consider that it is produced by a specific virus, but acting upon an enfeebled constitution.

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3917. Do you believe in a period of incubation?—Yes.

3918. At what period would you fix it?—At from a week to a fortnight.

3919. Do you distinguish the soft and the hard sores in that respect?—I have not observed that myself. I will not say that there is no distinction, but I have not observed it.

3920. Then how soon would the secondaries occur after the appearance of the first?—About five weeks, the earliest, going on to seven weeks.

3921. Have you attended many Jews suffering from syphilis?—Not many, but I have attended some.

3922. Have you observed whether they are less liable to it than others, or not?—I do not think that I have had sufficient experience to enable me to speak positively upon that; but my opinion is rather that they are less liable, and that there is less syphilis among them.

3923. To what do you attribute that?—I expect it is due to cleanliness, and from the want of the foreskin there is no collection of mucus, and they are cleaner in that respect; among the lower classes they are also cleaner about their persons.

3924. Is the skin harder?—Yes, and it is less absorbent.

3925. *Dr. Balfour.* I think you stated that you treated all sores on the genitals with mercury?—Yes, having once made up my mind that they are syphilitic.

3926. How do you diagnose a syphilitic sore from a simple excoriation?—A simple excoriation will heal with zinc lotion, acetate of lead lotion, or simple water. If it will not heal by simple means, and goes on assuming the general characters of a chancre, that is, that it spreads in a circular form, and the edges get more or less elevated, although that is not always necessary (for I have seen secondary symptoms follow a sore with no elevated edges or a hardened base), then I look upon that as a syphilitic sore, and treat it accordingly; and for that reason when a patient comes first and asks me whether he has a chancre, I generally say, "I cannot tell you for a day or two."

3927. What average period elapses before you can make up your mind as to that?—About a week from the time of the appearance of the sore, and from that to a fortnight. I do not mean that I can never make up my mind at first, or within a day or two, but in cases where there is a doubt, I believe, as a rule, that I can make up my mind at the end of a week or a fortnight.

3928. In the meantime do you apply simple treatment without any constitutional remedies?—Yes.

3929. *Mr. Cock.* I should like to have your opinion as to the importance of cleanliness, I mean habitual cleanliness; do you not consider it is very desirable that a man should wash under his prepuce every day with soap and water?—I think that cleanliness is next to godliness, and I think that every man ought to wash underneath the foreskin. I do not think that soap is necessary in all cases, but it is in some; and I think so strongly about that, that I never speak to a young man upon the subject without endeavouring to impress it upon him most forcibly.

3930. Do you find, in your experience, that there are some men who, from the abnormal formation of the genitals,—I mean with an elongated prepuce, or a contracted prepuce, more or less amounting to phimosis, and a frenum that is particularly short,—are much more likely to suffer, are more obnoxious to the evils of uncleanliness, and more likely to get abrasions and excoriations in sexual intercourse?—Decidedly so.

3931. And therefore more likely to imbibe poison if there is any to be imbibed?—Decidedly so; perhaps I may be allowed to mention one thing that the question suggests to me. I think that where a man excoriates himself during connection, and is then exposed to the syphilitic poison, you have a difficulty in judging at first between the excoriation and the syphilis, and you have to wait a few days; and it is one of the first questions that I put to a patient, "Do you know whether you had a sore at the time, or whether you made yourself sore at the time by connection?" If he did, he would be more likely to have absorbed syphilitic poison than if he had not broken the skin.

3932. You have no doubt performed operations to enable a man to have intercourse without suffering any injury?—Yes.

3933. You would advise that perhaps in the case of men who, from their habits of life, are of a reckless character, and are very often in the habit of receiving injuries?—Yes.

3934. *Dr. Donnet.* I think you stated that you used mercurial inunction in the treatment of syphilis?—Yes.

3935. Have you found that method answer the same purpose as the internal administration of mercury?—Yes, quite.

3936. Have you used the mercurial vapour-bath?—I think not; it was used at St. Thomas's Hospital, when I was a pupil of Mr. Travers; but I have not had recourse to it since. I prefer to make use of mercurial inhalation; where we could not salivate the patients in any other way we made them inhale the vapour of mercury applied directly to the throat, but I have never used the mercurial bath.

3937. *Mr. Quain.* Do you believe that there is such a thing as a syphilitic virus?—Yes, most positively.

3938. How would you convince another person that there is really a syphilitic virus?—By the appearance of the primary sore; for instance, a man has connection, and a pimple follows that connection, without any abrasion, and it would look at first like the absorption of poison in producing that pimple; then that pimple is followed by a characteristic peculiar sore which has its own characters, and which characters are attributable to the poison which has produced it. It is a sore which you could not make with your knife, nor produce by any external injury; a simple excoriation would not produce it. Then that sore is followed, (unless the progress of the disease is arrested, either by the great powers of nature, or by the use of mercury), by secondary syphilis.

3939. Do you believe that the condition of the person, whatever his health may be, would not account for this series of phenomena?—Quite as much as I can believe any phenomena that I observe in nature.

3940. In your treatment of constitutional syphilis, do you frequently see relapses after an apparent cure?—Not frequently.

3941. Do you see much of health permanently impaired after the disease has been apparently cured, and other diseases arising, such as phthisis, more than would have occurred without the occurrence of the syphilitic disease?—I should say so; but I do not know that I remember many positive facts, unless the evidence of the poison still remained by the appearance of secondaries or tertiaries. I have never seen any ill effects result in a case of syphilis which has been perfectly cured by mercury. I do not think that mercury in any way injures the constitution, if it is administered judiciously.

3942. What time, on the average, should you think it would take to cure, in the way that you would do it, a case of constitutional syphilis?—It varies extremely. I never feel satisfied with a shorter course of mercury than eight weeks for secondary syphilis; and I invariably tell

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my patients that I must decline to treat them unless they will submit to that course.

3943. What has been the greatest length of time after which you have seen relapses?—It is very difficult to say whether the disease has been entirely absent from the body; but I saw a case the other day in which the disease had existed for 15 years in the person; he married, believing that he was perfectly well from a primary sore, and had been during a period of 15 years, and it appeared afterwards that he had some signs of syphilis; he married, and he gave the disease to his wife, through the infant I believe; but the man had not the most remote idea that he had any secondary syphilis about him. Fortunately the wife and he were both cured, without the wife knowing anything about it; there was an abortion; the child was born dead; but they both got well.

3944. If a patient who had constitutional disease had been treated by you, according to the best of your judgment, you having entire control over him, how soon would you allow such a man to marry?—I should prefer that 12 months should intervene; I would not consent to less than 6 months.

3945. After all disappearance of the disease?—Yes.

3946. Have you at any time seen syphilis treated altogether without mercury in many cases?—No; but I have seen several cases which had been treated by a surgeon now deceased; they were suffering from secondary syphilis, and he had treated them with alkalies, and iodide of potassium, and one of those cases had been going on for three years, and others had been going on for two years; in one of the cases the man said that he could not take mercury, because it was poison to him. My reply was, "I must decline to treat you unless you will submit to a mercurial course." He submitted to it, and got perfectly well, and that man I have known for 20 or 30 years.

3947. *Dr. Wilks.* You stated, I think, in answer to Mr. Quain, that you recognised syphilis by the character of the sore; would you not also do so by the constitutional symptoms?—Yes; and I think I added that.

3948. Did you ever see a case in which a man denied having any sore, or where you failed to find one on examination?—Yes, where there were syphilitic symptoms. I have seen cases of secondary syphilis, in which I believed the sore was within the urethra, and in which I believe the man did not intend to deceive me; it was an urethral chancre.

3949. I infer, from what you have said, that you do not believe that secondary syphilis is contagious?—No; except in the way I mentioned, through the blood of the fetus.

3950. In the cases you have just referred to, you think there had been a sore hidden in the urethra?—Yes; where there were secondary symptoms without any evidence of primary disease.

3951. You think that a patient is not safe against secondary symptoms as long as the sore remains, whatever that may be?—I do.

3952. After the sore has healed, what time would you give it?—On an average from five weeks to two months.

3953. Did you ever see the ill effects of mercury in the hospital?—Yes; but I believe they have not been the ill effects of mercury alone; but rather the ill effects of mercury, syphilis, debauchery, and debility combined; particularly intemperance.

3954. Have you any difficulty in distinguishing what may be due to syphilis and what may be due to mercury?—Yes; if you do not see the cases in the first instance.

3955. Do you think that diseases of the bones are produced by mercury?—No; decidedly not.

3956. Have you ever inoculated much?—No; I did it once; but I should never do it again.

3957. What was the effect of it?—It produced such an awful sore that I thought it would never heal again. I inoculated from a primary chancre.

3958. On to the same patient?—Yes, on the thigh; and it produced a large sloughing unhealthy sore.

3959. Did it produce a pustule in the first place?—Yes; and then that was followed by this sore; it was in private practice; but the person was in rather a high position in life.

3960. Of course the patient was not benefited by it?—Not a bit; he was very much disgusted with it.

3961. *Mr. Spencer Smith.* Have you seen cases of phagedena?—Yes.

3962. Do you believe phagedena to be syphilis, or an accidental attendant upon syphilis?—It is decidedly not the necessary result of syphilis. I think, as a rule, a phagedenic sore is not improved by mercury; but even there I have seen exceptions. I have seen a phagedenic sore heal under the use of mercury when I did not expect it. I have seen them again considerably damaged by the use of mercury.

3963. That was, when they were syphilitic sores, and phagedena was an accidental attendant upon them?—Yes.

3964. You do not look upon phagedena as necessarily syphilitic?—No.

3965. *Chairman.* Is there any other point that you desire to communicate to the Committee?—I think not.

The witness withdrew.

Victor De Méric, Esq. (Surgeon to the Royal Free Hospital, and to the German Hospital at Dalston), examined.

3966. *Chairman.* Are you an advocate for the unity or duality of venereal poison?—I must say that my opinion is not fixed upon that subject. The two poisons may fairly be admitted; but there are very strong arguments also in favour of the view that there is but one.

3967. Do you divide sores into hard and soft sores?—I must say so from personal observation, as they come before us in that shape.

3968. Are they readily distinguished in the early stages?—No.

3969. Do you think that a soft sore may become a hard one?—Certainly.

3970. Have you observed different periods of incubation in the two classes of sores?—It would be necessary first of all to understand exactly what incubation means. In the case of a soft sore, I consider there is no incubation at all; in the case of a hard sore there is a seeming incubation; the time that elapses between the appearance of the abrasion or loss of the epithelium, and the formation of the hard base.

3971. At what period do you consider the constitution is involved in the case of a hard sore; is it when the induration is confirmed, or in the preliminary stage, or when the glands of the groin become indurated, or at any other period?—I consider that the induration is a sign that the organism is being affected, and that, before induration has taken place, there must be something in the sore which has caused the organism to be contaminated.

3972. Have you seen induration precede ulceration?—No.

3973. How would your argument hold, if it were proved to you that

Mr. De Méric. such is the case, and that it does occur?—I would say then that, perhaps, a follicle may have been the seat of the virus, that the latter had found its way into the follicle, that the mucous crypt or follicle had closed over the kind of abscess which had been the consequence; that the fibrinous deposit which constitutes the induration had formed underneath, and that one of the phenomena of the sore, which is ulceration, had by that process not come to anything, and had been arrested.

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3974. Do you not find the inguinal glands enlarged in two different degrees, one hard and the other soft, the soft running into suppuration?—We see that frequently; but these phenomena depend upon different kinds of sores.

3975. Have you seen constitutional symptoms frequently follow suppurating glands of the groin?—Not frequently, but I have seen them.

3976. More frequently indurated glands of the groin?—Certainly.

3977. In what proportion does secondary disease follow suppurating glands?—I can only speak very approximatively, and I should say, as far as my observation has gone, that it does not follow once in twenty times.

3978. In your opinion does a sore produce its like?—From my own personal observation, I must say, yes. I have had two kinds of opportunities of ascertaining this: in the first place, by inoculation, although I must confess that such inoculations were not perfectly trustworthy, because they were generally made, as they ought to be made, upon patients affected with the generalised disease: meaning that the soft sore or the pus of the soft sore was inoculated upon a person already suffering from syphilis, nothing but a soft sore resulting. It is plain that such an experiment is not of much value, because the individual who receives the sore is not in a normal state. These inoculations were undertaken for the sake of experiment. I may now remark, in the second place, that I have had a pretty large experience respecting the communication of sores in their respective nature from one patient to the other in the following way. A gentleman calls upon his surgeon with a soft sore on the glans, and he accuses some woman of having contaminated him; it has happened during my practice, I should say a dozen times, that he brings the person, who submits to an examination; and out of a dozen times I have found (speaking approximatively), perhaps six or seven times, exactly the same soft sore, on some portion of the female genital organs, mostly however on the fourchette, or on the cervix uteri; and I conclude from this that one was the generator of the other.

3979. One would infer that the poison emanating from that sore in the female must be spread over a large extent of surface, and how do you account for its affecting only one corresponding spot in the male?—That is a most difficult question to answer, but I will endeavour to do so, from mere theory, and not personal observation. Pus secreted by the female sore is carried, by the act of coition, into the parts where the male organ becomes contaminated. We find generally that sores on the glans are more frequent than on the peno-scrotal angle; and nevertheless it is at that angle, from what we see in females, that sores should be most frequent; for we find women mostly affected with sores on the fourchette, and that locality would of course point to contamination about the peno-scrotal angle.

3980. That is the external skin?—Yes.

3981. As far as you have given an answer to the last question, for I admit it is a very difficult question to answer, it is rather affirmative that sores do produce their like?—Yes.

3982. Under the most favourable circumstances, do you think that

syphilis can ever be a spontaneous disease?—I do not think that it is possible, although it has been maintained.

3983. Have you had any experience of syphilisation?—None personally, or practically.

3984. Do you employ mercury in the treatment of the primary sore?—That depends upon its nature.

3985. To what class of sores do you restrict the use of mercury?—I restrict it particularly to that period when the sore has become *bonâ fide* indurated, and the glands of the groin have also become hardened and enlarged.

3986. How do you administer mercury?—I administer it in various ways, according to the more or less susceptibility of the patient.

3987. Either by inunction, by vapour, or by the mouth?—Exactly so.

3988. Do you also employ it in the secondary forms of the disease?—For that form I do employ it, because when a sore is indurated, the organism is already affected.

3989. You call that secondary disease?—Yes.

3990. You denominate that disease secondary disease, which is supposed to be the product of the primary poison, and now indicated by the induration of the organ affected?—Yes.

3991. That you call secondary disease?—Secondary disease I consider to be the disease which has contaminated the organism, this being shown, as you have just pointed out, by one particular early symptom—the very earliest—or the two earliest, the induration of the sore, and the enlargement of the glands.

3992. Do you treat the primary sore with mercury?—Yes, according to the general effect of it. I treat the primary indurated sore with mercury. I do not wait until the so-called secondaries have appeared.

3993. To what extent do you push the use of mercury?—To touch the gums, and produce some fetor in the breath, and I try to keep it up for weeks, and even months, if the patient will let me.

3994. Do you treat the eruptive diseases also with mercury?—Yes; those are the very ones we have to combat.

3995. I thought you were referring to an induration for which the patient first consults his medical man, and that you called secondary, if I understood you. I am now speaking of the later period of the disease, when it manifests itself in the form of eruption; do you treat that secondary disease also with mercury?—Yes.

3996. Do you use iodide of potassium much?—That depends upon the stage which the disease has attained. If it has attained what is commonly called the tertiary stage, when it has a tendency to affect the fibrous and the osseous tissues, then that medicine has been found by me, from personal observation, to be highly beneficial.

3997. Do you consider that the employment of mercury in that stage in which you are first called upon to prescribe it, gives the patient any immunity against a subsequent attack, whatever that may be?—I am sorry to say that it does not.

3998. With reference to preventive measures, what value do you attach to ablution, whether as a habit, or before intercourse, or whether practised immediately after intercourse?—From personal observation I must say that I put but little faith in simple ablutions, meaning ablutions in either warm or cold water.

3999. Do you think that daily ablution of the genital organs would be no safeguard against the reception of poison?—That is a different question, that is independent altogether of coitus. You mean a safeguard against some connection that may happen. Given certain physiological principles, independently of any private opinion, any astringent,

Mr. De Méric. cold water being one, may perhaps cause the follicles to contract a little more in some than in other people.

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4000. Within what period of time after intercourse, in order to render a person safe against an attack of syphilis from a diseased person, do you think ablution should be performed. I mean only with soap and water?—According to my experience, that would have no effect whatever.

4001. That is to say, that a man having intercourse with a diseased woman, and resorting to ablution with soap and water within a quarter of an hour after that intercourse, will be as likely to have disease as if he had not washed himself at all?—Just so; and even if it were done before the expiration of a quarter of an hour.

4002. *Dr. Donnet.* Are you of opinion that a sore would more readily heal if escharotics were used?—That is coming exactly to the measures that may be taken, independently of ablution, or after it. A strong escharotic like chloride of zinc, or nitric acid, may be useful.

4003. If a sore be cauterised, would it more readily heal?—You turn it into a simple sore instead of a virulent one; and therefore, on general principles, it is very likely to heal sooner.

4004. Have you remarked that the pus of a soft sore, if allowed to remain on the mucous surface, say, in the groove between the corona glandis and the prepuce, will generate a similar sore?—Under what circumstances?

4005. I mean from want of cleanliness?—You ask me whether, from my experience, I have seen a sore generated in that way?

4006. Yes; in a person having sores already, by allowing the pus to remain on the mucous surface between the corona glandis and the prepuce?—Certainly, by inoculation.

4007. Would that occur if cauterisation were used?—If the cauterisation were able to prevent the secretion of pus, it would not; but as long as pus is secreted, it may remain in contact with the mucous membrane, and that same membrane may become affected.

4008. Do you not, by that means, reduce a sore to a simple sore?—Yes, of course, when it has been cauterised; that pus is certainly not so virulent and dangerous as it was before.

4009. Do you use escharotics in the treatment of these sores?—Yes.

4010. What escharotics do you generally use?—That comes home to a question of much importance; whether, if nitric acid be applied pretty early to a sore, supposing that sore to be of an infecting kind, it will save a patient from being contaminated; in other words, whether you can prevent general syphilis by destroying a sore with nitric acid in an early stage. I answer to that, speaking from personal experience, that you cannot promise your patient to keep him free by that process.

4011. Have you seen much of phagedena?—A great deal.

4012. Does it attack both the hard and the soft sores indiscriminately?—I will not say indiscriminately; but I must say, as to the hard sores, that, unfortunately, it very often depends upon the patients themselves; upon their mode of living, and upon their antecedents. I do not think that the nature of the sore has much to do with it.

4013. You do not consider it to be syphilitic disease?—You mean syphilis being the cause of phagedena? Then I answer, certainly not.

4014. What is your treatment of phagedena?—That depends upon the patient and upon the locality; my treatment is the same, howsoever the phagedena is brought on; I effect the destruction of the surface invaded by phagedenic ulceration, by means of nitric acid. I effect at once the nitric acid; keeping up the patient with opium, bark, and generous diet, so that the organism may contend against the invading disease.

4015. In your treatment of syphilis you say that you use mercury; in what doses do you administer it?—I have been using principally the iodide of mercury, as it was recommended, especially by Ricord, as a mild preparation. I have used it now for the last 15 or 16 years, and have generally found that, in grain doses, given once, twice, or three times a-day, according to circumstances, it will, if guarded by opium, gradually produce an effect upon the gums, without disturbing the digestive organs very much. I have not used the bi-chloride often although I must say that, being soluble, I find it, in most instances, to produce ptyalism, or at least a certain amount of stomatitis, sooner than the iodide of mercury. I must say, however, that I have gone from one preparation to the other, in cases where the digestive organs became disturbed. But does the question include inunction? *Mr. De Méric.* 23 May, 1865.

4016. Yes, any form of mercury?—Then I may say that I have used pretty frequently inunction in cases where the stomach was very irritable, and the patient very delicate. I may close my answer by saying that, in very obstinate cases, in old and chronic cases, where the symptoms had been lasting for years, I have found, in at least a dozen instances, that mercurial vapours have acted very beneficially, and have generally led to a complete cure.

4017. Have you seen cases of excessive salivation arising from the immoderate use of mercury?—I must say that, in my own hands, I have never had more than perhaps two; but in hospital practice, strange to say, we sometimes have patients sent to us in a dreadful state of ptyalism: and here I may mention a circumstance connected with mercury, which is somewhat interesting, viz., that, with some patients, ptyalism lasts a long time when uninterfered with. They come to us, say, six weeks or two months after having been treated outside the hospital, in a deplorable condition of mercurial salivation.

4018. What treatment have you adopted in such a case?—I have generally relied principally on one acid, and that is the hydrochloric, that must be freely used upon the ulcerated surfaces, and the best and most reliable tonics must be given, as far as swallowing can be accomplished; but the principal agent is the hydrochloric acid to be applied to the ulcerated surfaces, and of course the chlorate of potash as a detergent.

4019. *Mr. Quain.* Do you believe in the existence of a syphilitic virus?—I do.

4020. Do you know that some eminent men have maintained the opposite opinion?—Yes.

4021. How would you prove, or what proves to you, the existence of a virus, or that syphilis is not a common malady arising from common causes?—In the first instance, the virulent nature of the pus is the first fact rendered evident by inoculation, that is one great proof; secondly, that the disease never occurs spontaneously within our knowledge. There must always be an introduction into the organism of some fluid, which is supposed to contain a virus, judging from its effects.

4022. Have you ever seen the matter, taken from a common sore inoculated, in order to ascertain the result?—I have done it very often myself. However, it is rather an extensive question, because, suppose it is a sore which has been the consequence of small-pox ——

4023. I do not speak of such sores, I speak of non-venereal sores?—Then I have never inoculated from sores of that kind; I have not made a comparative examination.

4024. You stated, I think, to the Chairman, that you had, in about a dozen cases, examined the female from whom the male had obtained the disease, and that in seven or eight of those cases the sores were the same in both; were those sores followed by any constitutional disease?—No.

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4025. There were four or five more cases which you said you had examined, and in those four or five more was there any constitutional disease?—No.

4026. Have you ever witnessed the treatment, to any extent, of the constitutional disease without mercury, in any form, being given?—Not to any extent.

4027. Are you acquainted with the practice of Desruelles, long before your time?—Yes.

4028. Was that practice, to your knowledge, followed to any extent in France?—Yes.

4029. Do you believe that the results were good or bad?—I must say that I think they were not bad.

4030. You stated that mercury administered in the case of a hard primary sore did not hinder the occurrence of secondary symptoms?—I did.

4031. Do you believe that mercury administered in such a case tends either to put off the secondary disease, or to diminish the attack?—That is a most pointed question, and I answer it by saying that I do believe it mitigates the symptoms which may be expected afterwards; otherwise I would not give it.

4032. Why do you believe it mitigates them?—Because I have seen it.

4033. You have not seen the disease treated without mercury in any shape?—I have not seen it treated without mercury, but I have observed pretty often the natural history of the disease, by patients presenting themselves in a lamentable condition, who had undergone no treatment at all, or not systematically.

4034. Have you seen advantage derived from giving mercury in such cases?—Yes.

4035. You stated that no ablution used after coitus at any time would, in your opinion, be beneficial; do you believe that any advantage is derived from those medicated lotions which are used in some places systematically?—There are two scientific men, not quacks, who have put forward lotions which have been tried and found to be very useful; one of them is Langlebert of Paris, the other is Rollet of Lyons. However, the latter is deficient in one particular, that it requires a great deal of it, and it must be used very frequently to be effectual; his experiments have not been satisfactory; whereas, those of Langlebert have really been striking, because he has inoculated sores in the case of pupils who volunteered, and immediately after the inoculation he used his fluid. Its composition is very well known, it is not a secret, and a sore never developed itself. But it must be noticed, that all these experiments were made artificially, and that is the reason why I have no faith in them.

4036. You have spoken of phagedena being very common, will you be kind enough to explain what you mean by phagedena?—I mean a soft or a hard sore which, from some peculiarity in the patient, instead of having a tendency to remain in *statu quo*, or to cicatrise, takes on phagedenic ulceration; this will happen in particular individuals; I need not describe the kind of people likely to suffer from phagedena.

4037. It is a spreading sore?—Yes, but there is a distinction between a spreading sore and a gangrenous sore.

4038. What then do you mean by phagedena?—I mean by phagedena a sore that destroys very rapidly the surface in substance, and also produces a slough

4039. Have the persons who have been treated by you for primary disease and secondary disease been liable to returns of the symptoms?—Yes.

4040. Have they occurred frequently in the same person, or more than once?—From what I have seen, it would appear that there must be, and I think it is very likely there is, a milder and more severe kind of syphilis; for I have met with some individuals who have remained under the influence of relapses for 6, 7, and even 10 years; whereas others have just had a little roseola, or perhaps a little redness of the soft palate, and nothing more has occurred. These latter people have married, have remained under my observation for tens of years, and have had very healthy children, so that, with them, the disease appeared to have been very mild.

4041. As a general rule, how soon would you allow a healthy man to marry after the secondary form of the disease had been, to all appearance, removed?—I would certainly not allow him to marry until a year had elapsed after the last symptoms had disappeared.

4042. Have you turned your attention to the prevention of the disease?—Yes, I have, particularly so.

4043. Will you inform the Committee what you would recommend with that view?—I may mention that what I am about to say is founded on personal observation, and this observation has been of a kind which is fully reliable, because for the last three or four years in London I have been entrusted with the weekly examination of a certain number of persons, who are resident in a house for a purpose which I need not name. That house is under the direction of a French woman, and, from experience, she has learned that it is an advantage to her to have the inmates of her house healthy. She has therefore engaged me to examine them—about 10 or 12—once a-week; to report upon their state of health, and to treat them when they are ill. So that I consider the principal means that we have of preventing, or rather I should say lessening the spread of the disease, is to render as healthy as possible the source from which it is generally obtained. Experience shows, with regard to the prevention of the venereal disease, that there should be examinations made of females, who make a trade of their favours, as often as it is possible.

4044. Once a-week, or once a-fortnight, or how often?—I consider that once a-week is not enough; but of course there are many other considerations. In Paris, at first, it was only done once a-week; then it was increased to twice a-week, and, from the nature of the disease, it is plain that even that is not enough.

4045. You would recommend that practice to be vigorously carried out with regard to the prevention of disease in the army and navy, with which services we are chiefly concerned?—Certainly; that is the great point. I would add this, that a certain number of women being under the supervision of the authorities, the men should be allowed freely to have commerce with them; but that the men also should be under control. I mean, not only with regard to sailors and soldiers, but that such men, as frequent places of the kind I have referred to, should be subjected to an examination, so that if unhealthy individuals were found, they should not be allowed to carry disease into the place.

4046. You would recommend that there should be a thoroughly well organised system for the purpose of having every man who entered a house of that kind examined?—Yes, if it were possible.

4047. *Dr. Wilks.* When you said, in answer to Mr. Skey, that ablution was of no use, you were referring I suppose then to the virus entering the mucous membrane?—Yes.

4048. It would take a long time, would it not, to penetrate the skin?—Certainly.

4049. Then ablution might be of use?—Yes; if it was sufficiently close to the time of the intercourse.

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4050. Have you any idea how long it would take to affect the skin? —I consider that the epidermis and the epithelium, are very close akin, and that, if there are follicles in the one, there are follicles and sudatory glands in the other; and, therefore, I do believe that not more than an hour or two would elapse, if a certain amount of virulent pus were allowed to remain on the skin, before imbibition would take place there also.

4051. I wish to have your opinion as to the contagious character of constitutional syphilis, without a sore?—This, of course, has been modified a great deal in later years. When Ricord's experiments were made, he operated upon patients who were already suffering from syphilis. I made a great many inoculations, particularly for mucous tubercles, and I always failed.

4052. Do you think that a woman, without presenting any sore on her genital organs, but being the subject of constitutional syphilis, could give it to a man?—Do you mean if the rest of the body were sound?

4053. I mean a woman, the subject of constitutional symptoms, having no sore on the genital organs, or that the primary sore had healed; do you think she could communicate it?—I think she could, provided the other manifestations were of a secreting kind.

4054. Would it follow from that, that if it were considered prudent to place women with primary sores in a Lock hospital, it would also be right to place those who had the constitutional disease there?—Certainly, because I think that the disease is spread considerably by that means.

4055. What is your opinion of the treatment of syphilis by the method termed syphilisation, especially as practised by M. Boeck?—It is impossible to refuse credence to the numerous facts which have been published by him.

4056. Do you believe his facts?—I believe that a great many of the symptoms, particularly in the cases of infantile syphilis, which he has treated in that way, disappeared after the inoculations had been carried to a certain extent; but, as I am confident that manifestations of that kind will also disappear when very indifferent treatment, or none at all, has been used, I cannot look upon it as a *propter hoc*, but more as a coincidence.

4057. Do you think that when he inoculates from what he calls a hard sore previously, and causes suppuration, that he uses the true syphilitic virus?—Yes; because such a sore, or a chancrous erosion cannot produce anything but what it really possesses in itself; and although it is excited into suppuration, that pus may have virulent qualities.

4058. Do you believe that if inoculated upon a healthy person, it would produce syphilis?—I think so.

4059. *Dr. Babington.* Do you consider syphilis to be like the exanthemata?—That question was discussed only the other day, and I must say that the word syphilis is so very extensive, and the manifestations are so varied, the root that it takes in the organism is so complete, that comparing it with exanthemata, which really are a transitory manifestation, or an efflorescence, the comparison to my mind does not hold good.

4060. Do you admit the term incubation in the case of a hard sore? —Yes.

4061. My notion of incubation is a definite period. A woman goes nine months, an egg goes a certain time, a pig goes so long, but the time is always the same; and in syphilis, after impure connection, a hard sore always manifests itself in the same period?—From personal observation I should say that it varies very much.

4062. Have you seen a hard sore in a female, which is rare, produce

a hard sore in a male?—I have seen something which will perhaps answer another question, viz., a man who had had syphilis formerly, give, by habitual intercourse, a hard sore to a female.

4063. Have you read the Contagious Diseases Prevention Act?—I am ashamed to say that I am not well acquainted with it.

4064. *Mr. Spencer Smith.* Have you seen syphilitic sores on other parts of the body besides the genital organs?—Yes.

4065. Have you ever seen them on the head?—I have seen them very frequently on the lip.

4066. Have you seen them on the scalp above the eye-brows, or is it true that a hard sore never does form there?—This statement is new to me. I am aware of another fact which has been much spoken of, that a soft sore cannot be found on the head, taking the whole of the head from the neck up to the vertex. We always find hard sores on the head, and nothing else.

4067. You say that you have seen them frequently on the lips; have you seen them on the scalp?—No, I have not.

4068. Do you believe that the tissues produce any effect upon the sores?—I think that the tissues to be found on the various regions of the head have of course much similarity to those on the rest of the body.

4069. Does that hold good as to the genital organs; have the tissues of that locality anything to do with the character of the sore?—Yes, the kind of covering, whether it is epithelium or skin.

4070. Do you think that the different tissues of the genital organs produce any effect upon a sore as to its hardness or softness?—No; we must believe, I think, that when a sore emerges into existence, it has its peculiar qualities.

4071. You spoke, in reply to Mr. Quain, of the milder and more severe forms of syphilis; did you mean independently of the constitution of the individual, or that the mildness or severity of the attacks depended upon the constitution of the individual?—I am not speaking from personal observation as to the theory which has been started. I cannot reject it, nor would I undertake to support it. However, every one knows that in this disease we must watch it and wait, and not decide too rashly. What I stated, in answer to one of the foregoing questions was this, that I had been struck, during 20 years' experience, by the fact of some persons being very mildly affected, and others very severely. But the second part of the question is very apposite, whether the individual himself has not much to do with the greater or less development of the disease. I think it is very likely that the constitution of the man has something to do with it.

4072. You are of opinion that police regulations with regard to prostitution are beneficial to society at large?—Highly so.

4073. At the same time there is no doubt that syphilis prevails to a great extent in France, and on the continent generally, where police regulations are in force?—Certainly.

4074. That is quite outside of those regulations?—Permit me to say that the system established abroad is defective; the principle of it is good, but the carrying of it out is so defective that a great many women who might be looked upon as sound, are found upon examination, not to be so.

4075. Is it not the fact that many persons cannot be brought within the police regulations, and that men will seek for intercourse with women who are uncontrolled by the police regulations?—Exactly so.

4076. Does not that account for a large amount of the syphilis which prevails in France?—Certainly.

4077. *Dr. Babington.* Is there anything further that you wish to com-

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municate to the Committee?—With respect to the prevention of disease,—as this is the principal aim of this Committee—I must say at once that it will be difficult to eradicate the complaint. A great deal has been stated by different writers about what is called clandestine prostitution; that kind of prostitution will always present a certain amount of danger, and the disease will ever be propagated thereby. Just look at the enormous number of servant girls and milliners' assistants and women employed in various ways, who never come under any control whatsoever. This disease will always exist, more or less; but there is no doubt, especially as regards the army and the navy, that there is a set of women who devote themselves entirely to the satisfaction of those men, the latter having no other resource, because we force them into a state of celibacy; these are the women who should be properly examined, closely followed up, and kept under strict surveillance. By those means the amount of the disease would be considerably lessened.

4078. Do you consider that the accommodation provided in this country for the treatment of such women is sufficient?—That question reminds me of a very excellent paper which I have seen on this subject, written by Dr. Babington. It appears to me that the accommodation provided for those poor women, when they are ill, is but half a measure, although it should be very liberal and extensive. The efforts which are now being made by all the men of standing and merit, and by the gentlemen who are now engaged in this investigation, should tend to this; not to taking women into the Magdalen, into Guy's, or the foul wards of St. Thomas' Hospital, and so on, but to prevent the spread of disease, by having them constantly examined and looked after before they contracted the disease.

4079. Is it not notorious that there is not sufficient hospital accommodation all over the country?—Yes; but of course I can only speak from limited experience.

4080. Is there sufficient hospital accommodation to enable women, suffering from venereal disease, to be properly treated?—I must speak from my own experience of the Free Hospital: I do not say the same of the German Hospital, for we take in none there—and there are some institutions where a certain horror of the complaint exists, their doors being systematically shut; but speaking of those institutions that open them more liberally, like Guy's and several others, there is no doubt that they never have too much room. At the Free Hospital, where we have a ward of 32 beds expressly set apart for females of that class, we are always full, and obliged sometimes to refuse admittance; and what a melancholy thing it is! I see the out-patients at that hospital once a-week, and there are never less than at least 15 or 20 girls, who come there to be examined. They are prescribed for, and go away; but in what state do they go away?

The witness withdrew.

Friday, 26th May, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Edward Cutler, Esq. (Consulting Surgeon to the Lock Hospital and St. George's), examined.

Mr. Cutler.

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4081. *Chairman.* Have you any doubt as to the existence of the constitutional disease known as syphilis?—None whatever.

4082. Excluding gonorrhea, are you in the habit of dividing the sores into hard and soft, or into what are infectious and what are not infectious?—My opinion is that no one can tell from the appearance of the sore, without the history of it, whether it is infectious or not; that is to say, take what is defined to be the Hunterian chancre, my belief is, that in the case of any sore on the penis, if you irritate it, you may convert it into a sore having all the appearances of the confirmed Hunterian chancre; and so strongly do I feel upon that, that at the present time I never determine, in considering the treatment, to administer mercury until I have heard clearly the history of the case. Sometime ago an officer in the Guards came to me with an ulcer on the frenum, which really had all the characters of the Hunterian chancre. I said to him, "I think this is a case in which you must take mercury." He said, "No, I shall not take it." I said, "Why not?" He said, "Because I have been with only one woman, and I know there is nothing the matter with her." I said, "Let me examine her." I did examine her, and there was nothing the matter with her. I ought to mention that he had made water over the sore two or three times, under the idea that the urine would heal the sore. The sore went on, and he was laid up for three or four days; he then wanted to go to Brighton, and having been there for a month or five weeks he came back to me with the sore in exactly the same condition, as hard as a button. I then said, "Under the circumstances, I will not put you under a course of mercury, but I will put you to bed and apply a poultice." In a fortnight or three weeks the sore healed; all the thickening disappeared, and he never had any constitutional syphilis. Within the last six months I have seen a patient with many of those greasy soft tubercles, which you sometimes see at the lower part of the vagina. I examined the woman, and I tried several things to get her well, but I could not succeed without mercury. I asked a gentleman of very great authority, who has defined what sores are followed by secondary symptoms, and what are not. I said, "Is this kind of sore ever followed by secondary symptoms?" and he said, "No, certainly not." Upon that, I gave no mercury to the man who caught the disease from that woman, but within three months they were both of them covered all over with secondary symptoms.

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4083. Showing the uncertainty of the diagnosis?—Yes.

4084. Do you believe it is common that a man may obtain a sore, syphilitic or otherwise, from a woman who not only has no sore, but has no apparent disease upon her?—No; I do not believe that at all. Let me give you a case. A gentleman came to me with a sore upon the penis. I said, "This has the character of a venereal sore, but I do not like to treat you with mercury, without knowing what the history of the case is." I said, "Probably you can let me examine the woman;" he said, "Certainly, it is easily done." She came in, and I examined her carefully, and she had not any appearance whatever of a sore. The consequence was, that I did not treat him with mercury; but in the course of within three months he had distinct secondary symptoms. I then said, "This is very unfortunate"—I had examined the woman—"and you have been with nobody else?" After he went away, I thought I would send for the woman again; and when she came she said, "Do you know I have been very much disgusted; that gentleman who came to you has been a great friend to me; but since the very morning after you sent to me to come to see you I have found out that a gentleman I had gone with at 11 o'clock on that day has been confined with syphilitic disease since." The gentleman who had come to me had gone with her at 2 o'clock. I watched the girl, and I watched the patients; both of the gentlemen had primary sores and secondary symptoms, and the woman never had anything the matter with her. I infer, therefore, that the man at 11 o'clock left the virus on her vagina, and that the man at 2 o'clock rubbed off the virus, thereby saving the woman.

4085. In the teeth of those two cases you say that you do not think that a man can take disease from a woman who has no disease?—Yes; I do not believe he can.

4086. How did the men get the disease in the case you just referred to?—She had no disease, but she had the poison left upon her at 11 o'clock, which the man at 2 o'clock rubbed off, freeing her quite. I believe that, and I have seen many other cases of that kind, in which I have examined the woman. If a woman was in bad health, or had any sore, I could understand that irritating fluids, such as leucorrhea, would irritate a man, and give him a sore on the penis. That I think I have often seen—indeed I am sure I have.

4087. Have you, though occasionally, found that men have sores after intercourse with women who have actually no sores themselves?—Yes; at the same time my impression is that the woman always has something the matter with her, which you might overlook, and constantly do overlook, however careful the examination may be made.

4088. Do you think that sores always produce their like?—Certainly not; I believe it was Mr. Carmichael's idea that one particular sore was always followed by a particular eruption. I look upon that to be quite an error.

4089. Do you think that a man having intercourse with a woman who has a sore, that we call hard or soft, or with any distinctive character, that that sore will be reproduced in the person of the man?—No; certainly not.

4090. Have you tried the use of escharotics, or the so-called abortive treatment?—I have not tried it myself, because I think every day I see the folly of it; I mean, rubbing the sore with caustic, or with nitric acid, within five days after the infection. Every day of my life people come to me who have had it done, but they have come covered with secondary symptoms, and under these circumstances I do not adopt that mode of treatment.

4091. Have you had any experience of syphilisation?—Not a great deal.

4092. Do you think that by that means you can communicate syphilis to a healthy person?—Certainly, in this way: I have seen it in a great many instances where a man has had secondary syphilis, and he has had one of the indications or eruptions upon his penis; if that is moist, and that man goes with a healthy female, I have seen it again and again produce secondary syphilis.

4093. Do you think that syphilis can be produced spontaneously under any circumstances?—I have never seen it.

4094. Do you use mercury largely for primary sores?—I always use mercury until there is no thickening left. My experience goes to this, that to use mercury merely to heal a sore and leave a hardness in the sore is mischievous, because you have secondary syphilis in the worst form, and then you have to prescribe a long course of mercury to effect a cure.

4095. Do you use mercury indiscriminately for the two forms of sores?—I do this: If a person comes to me with a sore upon the penis, whether it is a Hunterian chancre, or a honeycomb sore, or a soft tubercle, I say to the individual, "If this sore was upon your arm or upon your thigh, and there was no specific poison in it, simple applications would heal it." Therefore I put out of question the penis altogether, and I say that I will treat it with simple applications, and if the sore heals, whatever may be the character of it, I am satisfied.

4096. You do not push the use of mercury to anything like ptyalism?—Never. I remember that the criterion in the Lock Hospital formerly was, if the patient could bite a crust, he might go on with it. But as soon as I find that the breath is affected, or the gums are affected, or that the skin is very much affected, or that diarrhea is produced, I consider that they are quite under the influence of mercury.

4097. Do you think that the daily habit of ablution would give soldiers and sailors an exemption from the disease?—I have no doubt that cleanliness will very often prevent it; that is to say, a man may have poison round the corona glandis, but if that man washed himself the next day, it is likely he might avoid having the disease. As a general rule, my belief is that the poison is sent into the system during the act of intercourse.

4098. *Mr. Cock.* Do you think that daily ablution under the prepuce, with soap and water if necessary, would keep the prepuce in a better state and would avoid that tender half-excoriated appearance that you often find in dirty persons, and would render a man less likely to chafe and to have abrasions, and therefore less likely to imbibe the poison?—Certainly.

4099. You would decidedly recommend ablution every day?—Yes; I think that if a man had connection on a Monday, and washed himself clean on the Tuesday, in many instances he would save himself from having a sore.

4100. *Dr. Donnet.* Do you ever use mercury externally?—Constantly; I think it is the best plan of using it.

4101. Have you used the mercurial vapour-bath?—Yes, I have done so for many years, but I do not do it now, because I tried it for a long time in St. George's Hospital, and I found it knocked over the patients just as badly as if you rubbed in, or as if they had taken mercury internally. Therefore, if I want to use mercury externally, I take half a drachm of the ointment, and rub it in under the arm for half a minute, and I never let the patient take off his flannel waistcoat for from three to five days. In that way I find that you can regulate the

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4102. If a person were suffering from an excessive use of mercury, what would your treatment be?—Nitric acid, and bark or steel and opium. I think, whether you give mercury internally or externally, if a man has to undergo a course of five or six or seven weeks, it is a thing of the utmost importance to give him opium at the same time, not on account of his bowels being upset, but as being a much more powerful tonic than any bark, or steel, or anything else.

4103. *Mr. Quain.* Are you satisfied that there is a syphilitic virus, and that it produces a specific disease?—Certainly, I am.

4104. Have you, in your experience as a hospital surgeon, ever seen symptoms similar to those of constitutional disease arise in a man in consequence of a common wound, without his having had any impure connection with a female?—No.

4105. Have you ever witnessed the treatment of constitutional disease without mercury?—When I came to London, the late Mr. Rose was surgeon of St. George's Hospital, and he was then also a Surgeon-Major in the Guards, and he wrote his paper on the anti-mercurial treatment. He there stated that for two years he had never given one grain of mercury to any patient in the Coldstream Regiment of Guards. I got a letter of introduction to him, and after that he gave me the charge of St. George's and St. James' Infirmary; and one very great inducement to me in taking that appointment was, that I thought I should see the non-mercurial treatment practised by Mr. Rose himself, but, to my surprise, I found that nine out of ten patients were taking mercury; and when I said to him, "Have you returned to the mercurial treatment?" he said, "To be sure I have; I only wanted to prove this, that the disease in the bones, and the worst forms of the secondary symptoms, were occasioned by repeated courses of mercury," which were then given whether a person was consumptive or whether he was in a state of debility; they always went on with a long course of mercury until the patient was dead. He said, "Now for two years I have treated every soldier in the Guards without mercury, and I find that I can cure every one of them; but I find, upon the mercurial plan, that instead of having one case out of every three followed by secondary symptoms, I do not get one out of ten under the mercurial treatment, and therefore I can cure them in half the time with mercury that it would take by the other plan." He was of that opinion, and I saw his practice subsequently in St. George's Hospital; after that he never altered his opinion.

4106. Did you ever see him treat the constitutional disease, independently of the primary disease, without mercury?—In numbers of cases.

4107. Did the patients in those cases get well?—Yes.

4108. But did they get more quickly well by the use of mercury?—Yes; there were some cases in the hospital, and he would say, "Here is a case of a woman in a very feeble state of health, if I give her mercury I shall knock her over, therefore I shall treat her without mercury," and they always got well.

4109. Your opinion, as I have gleaned it from your answers, is, that the effect of mercury is to cause a primary sore to heal sooner, and to hinder in some cases the constitutional disease, where otherwise it might occur?—Certainly.

4110. And that it will abridge the duration of the constitutional disease?—Certainly.

4111. But, nevertheless, that the constitutional disease will go away without its use?—Certainly.

4112. Have you made any observations upon the general health of persons, who have had the constitutional disease, and as to whether they were less robust or not afterwards; I mean when treated with mercury?—My experience of mercury is this, that if you keep a patient to the house, and if you will keep him on animal diet with porter, and give him a course of mercury, there is not one case in 500 where it does the least injury to the constitution. If, on the contrary, you allow men to go about town, to sit up late at night, to be eating and drinking and going to parties, in and out of hot rooms, or allow them to go hunting, when under a mercurial course for primary symptoms, they will have secondary symptoms much more frequently than they otherwise would have, and the constitution in those cases will almost invariably suffer. With regard to Ricord, I see a patient come into my room often, and he says, "I have been under Ricord,"—upon which I say, "I will tell you what his treatment is,"—and he says, "he has cured me of the disease,—I say, "yes, I know that, but the fact is, he has told you that nobody can cure he disease if they do not take mercury for six months. You are like the rest of them, and you have taken it for three months; you have been going about, and you have now destroyed your stomach, and produced irritable bowels, and broken down your health. You are apparently well of your syphilitic symptoms, but your constitution is gone." I can assure the Committee that the cases I have seen from Paris have perfectly shocked me, coming from such a man as Ricord, who has the greatest reputation, and I suppose justly with regard to the treatment of the syphilitic disease, of any man in Europe.

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4113. Have you often seen a case in which there was a second attack of the primary disease, followed by the secondary or constitutional disease in the same person?—That is a thing that I have thought a good deal about, although I have never kept notes of the cases; but I certainly have seen some men over and over again with apparently the same sore upon the penis.

4114. And followed also by the constitutional disease?—Yes.

4115. Not a recurrence of the symptoms of a former constitutional affection?—No.

4116. Have you considered the question of preventing the disease in the Army and Navy by periodical examinations of prostitutes, or in any other way?—I have no doubt that cleanliness would have a great deal to do with it, that is, to prevent it. A friend of mine went out to visit the camp in Prussia last year, and the Prince told one of his aides-de-camp to go with my friend and show him the hospital, in order that he might see the treatment pursued there; there was a camp of 20,000 men. My friend was not a medical man, but he told me that the aide-de-camp took him just over the borders of the camp where there were six little cottages, and in which there were about six or seven men, and three or four women, diseased; and the officer told him that that was all the venereal disease they had in that camp.

4117. To what do you ascribe the small amount of the disease in that camp?—To this. They examined every woman that came to that camp, and every man received positive orders as soon as he had any appearance of a sore upon him, to appear before the Medical Officer to be treated.

4118. Do you believe a similar practice might be judiciously enforced in this country?—I have not the slightest doubt of it. I have been informed by this friend of mine, that when he was at Aldershot half the men nearly were diseased; but when he went to Prussia, he found that there were only six or seven men who were ill, out of a camp of 15,000 or 20,000 men.

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4119. Have you made yourself acquainted with the Contagious Diseases Prevention Act?—No; I have not read it.

4120. *Dr. Wilks.* You stated, in answer to Mr. Skey, that in your opinion constitutional disease was communicable, and you illustrated that by referring to the case of a man giving it to a woman; do you think that that is of frequent occurrence?—No, I have seen it I think only in one case. I can refer to a case; a nobleman was keeping a woman, and there was a great friend of his, who intrigued with this woman, unknown to him. She had secondary symptoms, which I knew of, but which the nobleman did not know of, nor did the man, his friend, who was intriguing with her, know it. When he came to me, I said, "You have got a venereal sore here." He said, "It is impossible." I said, "I do not know anything about impossibility; I suppose you have been with nobody?" He said, "Yes, I have; but I know it is quite impossible that I should have contracted the disease." I said, for I had known of this intrigue going on, although nobody else did, "You have been with Madame so and so;" and then he said, "As a man of honour I put it to you never to mention this again; as he is a friend of yours, I trust you will never mention it." I said, "Of course, that I could not think of mentioning it." But this woman had secondary symptoms, she had secondary eruptions upon the vagina, and she gave this gentleman secondary disease, and it required a course of mercury to get him well.

4121. Had he any sore upon his genital organs, corresponding with what, under other circumstances, would be called a primary affection?—Yes.

4122. Was it like an ordinary primary syphilitic sore?—Yes, I think so; this was some five or six years ago. Then there is another instance to which I can refer, the case of a gentleman that I attended: he married, and for five months afterwards he was well; he had had secondary syphilis, and he gave it to his wife.

4123. Is it advisable, in your opinion, to put aside prostitutes with secondary syphilis as well as those who have primary sores?—I should think so, if it could be possibly done.

4124. You would include those suffering from the constitutional disease with the others?—I have not the slightest doubt that every now and then, if a woman had an eruption on the vagina, she would communicate disease to a man. I have seen that so often that I cannot doubt it.

4125. *Dr. Babington.* If a person had a soft sore, and, as the consequence of that, a suppurating bubo, have you known secondary syphilis to follow in such a case?—Many times.

4126. *Dr. Balfour.* When a patient presents himself with a sore, do you give mercury from the commencement, or how long do you wait?—I would not wait a minute, if the history were such as to enable me to decide. For instance, if a gentleman came to me with a sore, I would say to him, "Can you let me examine the woman?" and if I do so, and I find that she has a sore, I begin the treatment instantly with a course of mercury; then if there is no thickening in the wound, of course the mercury would not take half the time that it would if you stopped until you got a hardened cicatrix.

4127. If a patient presented himself with that kind of sore, and with all the indications of the disease upon him, would you give mercury?—I would treat it in the same way as I would any common sore upon the hand, or upon the leg, or anywhere else. If I can I make the patient go to bed, and apply a simple lotion to take away the friction, and if it heals as a simple sore would, I do not give mercury at all. If, on the other hand, the sore is rather inclined to spread, and a thickening is

taking place, then if it is the second, or third, or fourth day, I give mercury. *Mr. Cutler* 26 May, 1865.

4128. *Mr. Spencer Smith.* Do you believe in one virus or in many?—My own impression is that there is only one virus.

4129. Do you think that sores are modified in any way, there being but one virus, by the constitution of the individual?—Certainly, by the state of health of the individual. There is another thing which has not been alluded to here, which I think is a thing of vital importance, and which is inoculation. When I was at the Lock Hospital, one of my house surgeons, a very industrious and excellent man, had come over fresh from Paris, from Ricord, and he was inoculating every patient that I had in the thigh, to ascertain whether it was syphilitic disease or not, and in a great many instances, where the inoculation had taken, it required months to get the sore well; and to such an extent was this done, that after I gave up the surgeoncy at the Lock Hospital and came to St. George's, to my surprise a man whom he had inoculated four months before came into the hospital with a great chancre on the thigh. It appeared almost like farcy in a horse, or like the great Hunterian chancre; it had been going on for three or four months, and the patient had never had secondary symptoms; I cured him in the hospital. I mention that now, because I think it is a practice that is quite wrong; I mean the manner in which patients are practised upon by inoculation. I believe that it produces a vast deal of mischief, that it is a practice which is perfectly unnecessary, and that it does great injury to the patients.

The witness withdrew.

Holmes Coote, Esq. (Surgeon to St. Bartholomew's Hospital), examined.

4130. *Chairman.* You recognise the constitutional disease known as syphilis?—I do. *Mr. Coote.* 26 May, 1865.

4131. So far you do not concur in the opinions expressed by Dr. Macloughlin in his pamphlet?—No; I most decidedly entertain the opinion that there is the disease you have referred to, and a most formidable and prevalent disease it is. I do not agree with Dr. Macloughlin.

4132. Have you often seen the train of symptoms denominated secondary symptoms, and which follow a primary sore?—Yes.

4133. Do you believe that that train of symptoms can arise from anything but a specific poison?—No; I believe it is a specific poison, distinctly different from anything else.

4134. Do you believe that there are two forms of venereal disease, distinctly divisible into hard and soft?—No; I do not.

4135. Am I to infer that you believe both varieties of sore are capable of producing secondary disease?—Most distinctly; and I should be happy to give evidence and proofs of what I bring forward and believe, if it is wished. I believe that even excoriation without ulceration is capable, under certain circumstances, of giving rise to a train of secondary symptoms.

4136. Do you believe that sores produce their like; for instance, if a woman has a given class of sore, that the sore produced in a male after intercourse with that woman is identical in character with the sore on the woman?—Most distinctly not. I conceive that all sores, with very few exceptions, owe their character to the tissue on which they are situated. I believe that that is the rule, without any exception whatever,

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that according to the tissue of the part affected, so is the character of the sore, and so much do I believe this, that I could undertake almost to draw or to picture a sore, if I were told the tissue on which it was placed.

4137. Would you qualify that answer in any way by throwing into the scale the constitution and condition of the individual?—Yes, I should; I should except all forms of sloughing ulcers, or phagedena—sloughing phagedena. All these varieties I consider to be, to a certain extent, apart from the true products of syphilis, and that they are due to bad constitution, or to the peculiar habits of the persons who cannot bear poison at all; mental distress will produce it. I may mention what has occurred to myself. Many years ago I was the subject in my right hand of a punctured wound—a poisoned and inoculated wound—it was simple inoculation; what they call an ordinary soft chancre. with pus; but the distress and anxiety caused by this in my mind produced phagedenic ulceration, for the cure of which I was under great obligations to Mr. Skey. I had phagedenic ulceration in my finger, which was due to the distress of mind which such an accident, early in life, would naturally produce on any man.

4138. Can a man contract a sore of any kind from a woman having no ulceration upon her genital organs?—I believe he may; I believe that the poison may get into some of the glands; some of the great follicles; it certainly is not common, but I believe it may be so.

4139. Have you ever seen examples of this kind, that a man comes to you with a sore of any kind, and upon examination of the woman you find that there is nothing perceptible to the eye?—I have known that. It is so difficult to examine the mucous tract in a female; the vagina or the os uteri: you cannot with certainty tell what disease is going on there.

4140. Have you used escharotics much, or excision, for a local sore?—I have not resorted to excision, but escharotics I have used very often.

4141. Do you approve of them?—Under certain circumstances I do. If you see a sore in a very early stage, and it is limited in extent, and you can burn it out effectually, then it may be done, but I think the results are not always favourable.

4142. Suppose you apply a strong escharotic, such as nitric acid, to an indurated sore; taking it for granted that you have destroyed the thickening absolutely, would that give exemption to the patient from the secondary disease?—No.

4143. Have you had any experience of syphilisation?—No; I object to it on principle; I have had no experience of it.

4144. Do you believe that a person having secondary syphilis can communicate the disease?—I am sure of it.

4145. Will you state on what grounds you have formed that opinion?—I was called upon to attend a case in which a medical man had contracted syphilis, after which he had secondary symptoms, which were communicated to his wife in a mild form; this was a case that I was personally acquainted with; and I can recall three instances in my own practice in the last few years in which secondary syphilis had been communicated in that way; in one case by a gentleman suffering from syphilitic lepra, cohabiting with his wife, and the wife having suffered from slight excoriation, and from lepra also, but without any primary sore whatever; that case also I can guarantee.

4146. Do you use mercury much?—Very little in primary syphilis. As I knew that that question would be put to me, I went round the female wards of the hospital, and it may be interesting to the Committee to know the results. (I know how much I am indebted to Mr. Skey for

having directed my attention to this subject in early days, when I was a student.) There were 43 women in the hospital suffering from primary and secondary syphilis, and a few with tertiary syphilis, but very few; and out of these, divided equally among the four surgeons, there were only nine who were taking mercury, and out of those nine, one was taking it for iritis, and the other by accident, reducing the number to seven; one surgeon perhaps has more faith in it than another. In my male ward no mercury has been given for, I do not know how many months: mercury is mostly given for secondary symptoms.

4147. Do you think that the habit of daily ablution, referring to the class of men in whom we are chiefly interested, soldiers and sailors, daily with soap and water, would give them exemption from the disease?—I am sure that it would be a very great preventive measure; it would certainly check very much the spread of the disease, and I consider ablution is most important.

4148. Within what period of time after intercourse do you think that ablution would still continue to be useful?—I can hardly answer that question; but I think, assuming that the mucous membrane was perfectly entire, that frequent ablution for three or four days, subsequently, would guarantee a man probably against it.

4149. Suppose a man had intercourse with a woman, and he used soap and water immediately, would that give him absolute exemption, or I might carry the question on to five minutes, or an hour, or six hours; after what lapse of time do you believe it would become useless?—I should suppose that if a man washed himself completely once, the object would be accomplished, as far as such a measure could be useful.

4150. You mean immediately?—Yes.

4151. *Dr. Donnet.* In one of your answers to Mr. Skey, you stated that an excoriation might be followed by secondary syphilis?—Yes.

4152. Did you observe it to become indurated afterwards?—No. I am sure it never did in a case that I watched thoroughly to its end.

4153. Have you used escharotics in all kinds of sores?—I should not use them in the case of an indurated chancre; but for all other sores I have used them.

4154. Do you think that cauterisation destroys the infectious properties of a sore?—I think that that depends upon the extent to which the cautery is applied. I believe that applying it as we do, putting a little caustic upon an open ulcer, does not guarantee a patient against the occurrence of secondary symptoms.

4155. Would you say that if you destroyed a sore entirely, by using a strong escharotic, the patient would be exempt from secondary symptoms?—That would depend upon the extent to which it was used, if I could produce a certain depth of slough. I often see cases where a part of the penis is, as it were, struck with death, and where there is a great lump of slough coming off. I should say that that would guarantee the patient, in all probability, against secondary syphilis; applying simple caustic to the surface of the sore does not do it, but it is a great protection.

4156. What escharotics have you used?—I have used nitrate of silver, which is very mild. I also use the ordinary strong nitric acid, which is a very powerful remedy. If I was very anxious to destroy a sore I should use that very concentrated nitric acid, in which there is only about from one-third to a fifth of water, and which acts like liquid fire: it destroys the part altogether; one has to consider the structure of the penis under such circumstances.

4157. *Mr. Quain.* Have you at any time seen persons or a person who, without ever having had any intercourse with a female—from a

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common wound, for instance—have had a train of appearances similar to those which are called secondary syphilitic symptoms?—Never.

4158. You have stated that you believe that a soft sore in the one sex might produce a hard sore in the other, and the reverse?—It might.

4159. Do you give that opinion as the result of your examination of persons?—Yes.

4160. Have you frequently made such examinations?—I can only judge as far as my opportunities have extended. I have had charge of a prison, and I have had charge of a hospital, and not uncommonly I have seen a man and his wife affected at the same time with syphilis. If a man has this poison applied to the glans penis and the neighbouring part of the prepuce, he will have a chancre hard in one half of it, but not so in the other; and that man's wife will have the ordinary chancre, without induration. The ordinary chancre that you see in a female is a perfectly well-defined sore, as it occurs in the mucous membrane of the vagina. That I have seen, not once, but over and over again.

4161. You have mentioned a case in which a woman, in a respectable class of life, contracted disease from secondary syphilis in her husband?—Yes.

4162. Was she pregnant at that time?—No.

4163. Have you noticed the duration of the disease under a course of treatment without mercury, and under a course of treatment with mercury?—Yes.

4164. I mean the constitutional disease?—Yes.

4165. Have you observed any material difference in the duration of the disease in the one case and in the other?—I believe that mercury is a very valuable and powerful agent in the treatment of constitutional symptoms, properly administered, and not recklessly given. I believe it tends to shorten and to cure the secondary attack, to a great extent.

4166. Is it your practice to use mercury, as a rule, in the treatment of the constitutional disease?—It is.

4167. In private practice?—Yes; for the secondary symptoms, but not invariably.

4168. It is only, then, for the primary disease that you abstain from its use?—I do not entirely abstain from it in the primary disease; in women it is rarely necessary, and so also in men, excepting under exceptional circumstances; it is, nevertheless, a very valuable agent, and I do not think it is to be thrown aside.

4169. What form of mercury do you use in the treatment of the constitutional or secondary disease?—I prefer the hydrargyrum cum cretâ, because it is more finely triturated. If you put a lump of blue pill and a lump of hydrargyrum cum cretâ under the microscope, in the blue pill you will find great globules of the mineral, and in the other, or the hydrargyrum cum cretâ, the mercury is seen finely triturated; and you have a more equal amount of mercury in proportion for each pill. I have used the iodide of mercury, but not so often; the hydrargyrum cum cretâ I think is the best.

4170. In what dose do you administer it?—Two and a half grains three times a-day. Sometimes more; sometimes less, according to symptoms.

4171. How long, on the average, will the treatment continue in the case of secondary syphilis?—It is difficult to answer such a question. As a general rule, a patient coming into hospital would be dismissed in a month; but I think the success is due there to other measures which are adopted, such as giving the patient rest, enjoining abstinence and ablution, under which circumstances the mercury acts with ten times the power and force compared with what it would if you gave

mercury to an out-door patient, who was in the habit of drinking and exposing himself to cold; you might in many cases as well throw the medicine away. If you put a patient into a ward you can manage him there; you give him medicines, and very little of it will effect all that you desire.

4172. Have you often seen the re-appearance of the symptoms of the disease after your usual treatment?—Yes.

4173. Have you ever seen a second occurrence of a primary sore in the same person followed by constitutional disease?—It is excessively difficult to give any satisfactory information upon that point. If the Committee will permit me I will state what occurred to myself. In 1842 I accidentally inoculated the middle finger of the right hand with the syphilitic virus, on the point of a lancet used, as I believe, in opening a suppurated bubo in an out-patient of the hospital. Some months after the cicatrisation of the wound, I was troubled with a rash resembling lepra. It passed away; and I have always enjoyed uninterrupted health, until last December (1864), an interval of twenty years, when I accidentally inoculated the forefinger of the left hand. The sore which resulted was very troublesome to heal; was attended with irritation and swelling of the absorbents of the arm, and for some months I was annoyed with patches of lepra on the trunk, soreness of the tongue, etc. I believe that primary syphilitic ulcers, thus contracted on parts of the body, such as the hand, are more unmanageable than those contracted on the organs of generation by intercourse; and that such sores do not readily heal without the full administration of mercury.

4174. Was the case you have just described treated with mercury?—Upon the first attack it was, but the mercury did not agree. Under advice I took bark and opium, and the phagedenic ulceration that was going on under the influence of mercury yielded to the action of the bark, and I got well. On the second occasion I went down into the country and tried general measures, and after a time the sore partially healed, but it broke out again. It gave me a great deal of trouble, and required mercury, but finally healed. When I found the rash about me I took mercury in small doses, and it rapidly disappeared, and I got well.

4175. Do you believe yourself now to be permanently well?—I do not think that any person can answer for himself from one month to another.

4176. Are you in fear of any consequences?—No; but I am alive to all the dangers.

4177. Did the disease in that instance proceed from a soft sore or a hard one?—I cannot tell, having so many patients to examine, and having to attend to the clinical teaching in a large school. I took particular pains in showing the students the various forms of sores, and I do not know the patient from whom I caught the disease, but I believe it was a female.

4178. What interval elapsed between the first and second attack?—Above twenty years.

4179. Have you thought much about the prevention of the disease in the Army and Navy?—I have indeed; and I think that every one engaged in our profession must consider that it is a most important thing to accomplish, if it is possible.

4180. What do you think would be the most effectual means of preventing the disease?—I think the establishment of a species of medical police in all stations where soldiers or sailors are assembled together in large numbers; and very strict medical police armed with great powers would be desirable. I think I should be disposed to give absolute powers to the executive officers on a station, as to confining the women who were

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known to be the subjects of disease. It is a well-known fact that when a ship comes into port to be paid off, the women dismiss themselves from the hospital, although suffering at the time from syphilis; they catch hold of the sailors, get their money away from them, and give them the disease shortly after the men have left the ship; and there is no power to prevent it. I am speaking now of Portsmouth, but it is the same elsewhere.

4181. *Dr. Wilks.* Do you believe that secondary syphilis is contagious, and that it is a common source of disease in a large town, from the fact of many prostitutes having the disease in the constitutional form?—I do indeed, and once in my life I had an opportunity of seeing the disease communicated from an infant, which soon after its birth had syphilis, to a girl aged ten who was the nurse, and from her to another child, by kissing on the mouth.

4182. If you think it advisable to exercise control over women who have sores, you would probably also put aside those who were suffering from constitutional disease?—Certainly. I consider that constitutional syphilis is more formidable and more dangerous, and often a more insidious form of disease than the other.

4183. Is there any difficulty in distinguishing between the effects of mercury on the system and those which are produced by syphilis?—I think not. The subject, however, merits investigation.

4184. Do you believe that disease of the bones is produced by mercury?—Under the old rule, it was thought that mercury was a specific against the disease, and every time that a man had anything like an eruption or sore throat he was dosed with mercury over and over again. I believe that it did then produce most formidable disease of the bones, diffused suppuration and ulceration of the whole surface; in my opinion the constitution was ruined by the excessive use of mercury. The "worm-eaten skull" of the museums is an effect of mercury.

4185. Did you see much of venereal disease in the Crimea?—There was scarcely any.

4186. How do you account for that?—Because there were very few women there. When I landed in Smyrna, in Asia Minor, there was scarcely any disease among the natives, except gonorrhœa.

4187. Do you ever inoculate for the sake of testing?—No, I have a very strong objection to it, because the sore produced is always more unmanageable than the sore which is produced in the natural way.

4188. Do you include all kinds of sores?—My opinion is that all sores depend for their character upon the tissue upon which they are lodged; if you inoculate the skin you have one kind of sore, if you attack the glans penis you have another, and in the vagina of the female you have another.

4189. Is there any difficulty in inoculating from a hard sore?—Yes.

4190. Those probably which you have referred to were what are called soft sores?—Yes, sores in which the mucous membrane is perhaps not wholly destroyed, and where there is a secretion of pus.

4191. What is the effect of inoculation?—A small and very painful pustule is produced.

4192. What is the effect produced on a patient?—I have never intentionally inoculated, because I have known several cases in which inoculation upon the integument has produced a sore which was very much more intractable than any other form of sore, and I do not see what evidence is to be gained by it.

4193. Have you seen a good deal of hereditary syphilis?—Yes, I have

4194. Do you recognise it at a later period than that of childhood?—I have seen it later than infancy, at the age of 10 or 11; even later.

4195. How do you recognise it then?—I have seen several cases of phagedenic ulceration of the soft palate, loss of the bones of the nose, loss of the teeth and syphilitic iritis.

4196. Is there any peculiar affection of the eye that you have observed?—I do not believe in the syphilitic opacity of the cornea; I have seen it in conjunction with other inflammatory diseases, such as syphilitic iritis.

4197. What do you say as to the teeth?—I cannot say that the evidence has been sufficiently strong to confirm me about that; I have seen so many cases of constitutional syphilis in which there has been no apparent trace of imperfect development in the teeth.

4198. Should you give mercury in a case like that?—No.

4199. When you see it in infants, does the disease wear itself out in a short time?—I think, when it occurs in infants, it is one of the most common causes of death; a child with "snuffles" cannot suck; I should give mercury in those cases. A child that cannot breathe through its nose cannot suck at the breast. But the infant pines away from the effects of the poison.

4200. After they recover, do they get permanently well?—I have known many cases of recurrence of disease; but I can hardly say that I have carried my observation on very far. I have in very many cases known of infants who have died a year, or a year and a half after birth, and many after a few months or weeks after birth.

4201. What is your opinion of Dr. Boeck's treatment as to syphilisation?—I am opposed to it.

4202. Do you disbelieve the facts which he has stated?—I believe that he is a most honest man, but at the same time I think it is so difficult to arrive at such conclusions, excepting with far wider experience than he has had; we know how easily we are led away as to our inferences. I saw to-day a patient who told me that an interval of fourteen years had elapsed between the primary symptoms and the sores under which he now suffers. During that interval he thought himself well.

4203. Do you believe them to be syphilitic?—Yes; they are clearly so.

4204. *Dr. Babington.* After a patient has been well cured of syphilis, have you seen any other diseases follow, or has it given rise to other diseases?—I suspect that it might. I can readily believe that, after a severe attack of syphilis.

4205. I mean although cured, would it give rise to phthisis?—I do not think so; but I have no evidence upon that point.

4206. Do you use iodide of potassium?—Very much indeed in the tertiary symptoms.

4207. Do you find that a valuable medicine?—Yes.

4208. Do you accompany it with mercury?—I sometimes combine it with mercury in iritis. I think that the two combined often act with more effect.

4209. Do you know of any other remedy that would take the place of mercury?—I do not know of any.

4210. Have you seen of late years many cases of ptyalism in the treatment of syphilis?—No, it is specially avoided; it is regarded as carrying the remedy to the extremity of overstepping the disease.

4211. As a rule, you do not believe that mercury has lost its character amongst practitioners?—No; I think the great object is to limit its use; the moment the effect is produced, to stop it.

4212. Do you know of any one person who uses mercury to excess in

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the treatment of the disease, or more than you do?—Very many more than I do; but I think that the quantity of mercury of late years has been so diminished, that I can hardly say that it is given in excess. We owe much to the Army surgeons.

4213. *Mr. Spencer Smith.* Have you formed any opinion as to how mercury acts?—I think the best effect of mercury is seen in the early accession of secondary symptoms; they are preceded by a dreadful feeling of lassitude; everything seems to go wrong, and yet, if you administer mercury in proper doses, in proportion as it acts, so do all those unpleasant feelings subside.

4214. Have you formed any opinion as to how it acts?—I suppose it produces some kind of effect which counteracts the effects of the poison, but I could not explain further.

4215. You do not look upon it as a specific?—Not at all.

4216. With regard to syphilisation, as practised by M. Boeck, do you believe that true syphilitic matter is introduced into the system again and again under that system, or that the pus produced artificially from hard sores contains syphilitic matter?—I believe syphilitic matter is introduced. I should have to see the sore to be able to say that it goes on secreting pus; after a time I believe that the pus ceases to be poisonous, but I have no evidence upon the point; I cannot tell; it would depend very much upon the effect. You might so irritate a sore as to cause it to slough off, and then I have known the pus from that source will not inoculate.

4217. As long as the induration remains?—It might be so, but my evidence is not worth recording upon that point.

4218. Have you observed anemia to be very common?—Yes, with women especially; I have known a woman become very anemic and very thin, and rapidly lose flesh and appetite, and spirits altogether.

4219. Have you not seen it among men?—Yes; attended with a great degree of misery and mental distress.

4220. Is there any other information that you would like to communicate to the Committee?—I do not know that there is.

4221. *Mr. Quain.* What treatment would you adopt in that anemic condition which you have just mentioned?—I should recommend rest, and moderately good diet, and mercury in very small doses, and sarsaparilla.

4222. Do you believe that sarsaparilla has any beneficial effect?—I have no doubt of it, if it is properly administered. If you give sarsaparilla to a person who is drinking half a bottle of port wine a day, it does no good; but if you put him on light diet, and then give him sarsaparilla, it will produce an effect which is good. We give a very concentrated essence of sarsaparilla at the hospital.

4223. Is it what is called the fluid extract?—Yes; we have our own preparation at the hospital.

4224. In private practice what do you use?—The concentrated decoction as prepared by good chemists.

4225. Is it a decoction, or that of which you put a spoonful into a quantity of water?—It is the latter. I should give it about five or six times as strong as it is ordinarily given.

4226. *Dr. Wilks.* You do not believe that syphilis can be generated *de novo*?—I do; I believe that syphilis may be produced, and will be so produced as long as the world exists, when one woman is exposed to connection with a number of men; wherever one woman receives a number of men, there we find syphilis, and no law can prevent its recurrence. I believe it is generated under those circumstances.

The witness withdrew.

Friday, 9th June, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Professor Wilhelm Boeck (of Christiania), examined.

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4227. *Chairman.* What do you understand by the term "syphilis"?—I understand by the term "syphilis" a contagious disease, communicated from person to person, generally, by impure coitus, but also hereditarily. When this contagious disease has been communicated from one person to another, the person affected has (excepting the hereditary cases) first a primary sore, and then after the primary sore he has a dyscrasy, or an infection of the system.

4228. Do you consider the various forms of sores as modifications of the same poison?—Yes.

4229. Can each variety produce secondary or constitutional disease?—Yes; but more often the indurated sore than the non-indurated sore.

4230. Am I right in supposing that you divide sores into soft sores which afterwards become indurated, and sores which are indurated from the beginning?—Yes.

4231. Have you pursued the treatment by syphilisation for many years?—Yes, for thirteen years.

4232. Have you still confidence in its superiority over other modes of treatment?—I have more confidence in it than I had at the commencement.

4233. Will you be kind enough to state briefly the mode by which you inoculate patients who are under your treatment?—When I have a patient with constitutional syphilis, but only in that case, I take the matter from a primary sore in another person; generally I take it from a person under treatment by syphilisation, because there I find matter enough.

4234. That other person, I take it, has no primary sore?—Generally speaking, none.

4235. You have stated that you select a person in the constitutional stage of the disease, and not having a primary sore; will you explain where you obtain the poison with which you commence the process of syphilisation in your new patient?—I take it generally from an artificial sore on a patient under treatment by syphilisation, and this matter I introduce on both sides of the chest. I make generally three inoculations every time, or three punctures on each side, because it very often happens that one or two of the punctures will not take. One puncture is enough, but then I must watch every day to see whether they take or not. Three days after the first inoculation I perform a second inoculation, and I take the matter from the pustules formed by the first inoculation. Three days

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after that I inoculate the patient a third time, taking the matter then from the pustules formed by the second inoculation. So I go on every third day, taking the matter always from the pustules last formed, and I go on so long as the inoculations take. When they do not take, then I take new matter from another patient, who is generally under treatmen by syphilisation. I put this matter also into both sides of the chest, and I continue it in the same way as before, every third day, until I find that the matter will not take any more. I then take a third matter from a primary artificial sore in a man under treatment by syphilisation, and I find that this third matter takes also only for a time. When I find that the matter does not take much on both sides of the chest, I go to the upper part of both arms, and I inoculate in both arms in the same manner as in the sides of the body, so long as the matter will take. When the matter does not take any more in both arms, I then go to the thighs, and I go on just in the same way as before on the chest, and on both arms. I go on so long as any matter I have at my disposal will take; when the matter will no longer take, then the treatment is finished, and the patient has recovered his health.

4236. Do you take the matter with which you inoculate indiscriminately from either a soft or a hard sore?—No; for the last eight or nine years I have used only the matter taken from indurated chancres, or the matter which has its origin in a hard chancre.

4237. How do you obtain the matter from a hard chancre, because we all recognise the absence of pus in an indurated chancre?—It has been stated that a person having constitutional syphilis could not be inoculated by matter taken from an indurated chancre; that is perfectly wrong; the matter from an indurated chancre can be used for inoculation very often; when the chancre is not too old, the matter can be inoculated; it depends upon the age of the chancre. A chancre can be so old that it is impossible: but when the matter does not take, we can irritate the chancre with dry charpie, with powder of savin, or with any other irritating substance; then we have a suppurative vehicle for the contagious matter, and then we often see that the matter takes.

4238. You consider that in obtaining pus from an indurated sore by such means, you thereby get at the actual product of the induration itself?—Yes; I then get the specific disease.

4239. You think you get it in the pus so obtained from the surface of the sore?—Yes.

4240. You have no doubt about that?—No; and the reason why I am sure that it must be so is this, that the matter from this irritated sore produces, by inoculation, pustules, and the virus from those pustules can be inoculated, if I may use a French term, in the second generation, and from the second generation to the third generation, and so on. If you have a simple sore, and you irritate that, you can also produce a pustule by inoculation; but if you inoculate from that pustule you will have nothing. I have many times seen a common sore irritated by the clothes, or by uncleanliness, and you can inoculate from that sore and produce a pustule; but when you inoculate from the pustule you have nothing, because there is no specific character in it.

4241. I do not quite understand where you obtain the matter. I think you said occasionally from a primary sore, and occasionally from one of the artificial sores that you have produced in another person?—Yes.

4242. Suppose, then, that when the pustules are getting weak, you wish to have them strengthened, do you ever take the matter from an artificial sore that you have made in another person?—Yes.

4243. Does the activity of the pustule so made, say in No. 1,

hold a relation to the activity o the sore from which it is taken in the other person, or No. 2?—No.

4244. Does it become more vigorous?—Yes; it becomes more vigorous, and you can every time inoculate with a positive result. You may feel perfectly sure, when you are taking your second matter, that it will be efficacious.

4245. How do you regulate the taking of pus from one person to inoculate another person with it. If the person you are about to inoculate is under early treatment, are you particular in obtaining an active pus from the other subject?—Yes.

4246. You could not inoculate a new patient from a man who was in the last stage of treatment, when he was upon the point of becoming free from syphilitic disease?—Yes, I could; and that is a very interesting physiological fact; and I will explain to the Committee how I understand it. I am beginning to syphilise a person (say No. 1), and the first matter will take no longer. I should then use other matter, and that matter I should take from another person under treatment by syphilisation (say No. 2). I can take it from his (No. 2) first or from his last pustules indifferently, and when it has ceased to take in him, I can inoculate No. 1 with it.

4247. Then the novelty of the pus to the individual gives it activity?—Yes, always.

4248. The pus in the third stage of No. 2 can become pus No. 1 in the first stage in patient No. 1?—Yes.

4249. Do you deem treatment by inoculation less efficacious after previous treatment by mercury?—Yes.

4250. For what reason?—I do not know.

4251. Is the difficulty of cure by syphilisation in a ratio with the quantity of mercury that has previously been employed in any given case, so far as you know?—No; that is perfectly indifferent. A person who has taken only a few grains of mercury will offer as much resistance to syphilisation as a person who has undergone ten different cures.

4252. With regard to local sores, how long do they remain open?—The time varies in different persons; but the first sores might remain open for about six weeks.

4253. According to that, each person might have a large number of sores upon him at the same time?—There might be a great number of sores open in the same person at the same time; but it is only the sores of the first generation that are worth speaking of, because the sores gradually get smaller and smaller; and in order not to have the sores occurring close together, I make the punctures very far from one another; in the first inoculation here (*describing*), in the second inoculation here (*describing*), in the third here (*describing*), and so on (*indicating different regions on the sides and front of the chest*).

4254. They may become confluent, and they must, in the nature of things, present very different aspects in different constitutions?—They do not vary much; it is true that they might be of different size; but there is not so great a difference as, *a priori*, we might expect.

4255. You acknowledge, do you not, that some of your cases run into phagedena?—Only one of mine; but I have seen them running into phagedena, and in the first year of my experiments, I had many very large sores in the thigh—that was when I first began my inoculation in the thighs.

4256. How do you account for that fact, so mysterious, that primary inoculations in the thigh are larger, and more irritable, and more liable to run into phagedena, than sores made by the same means, whether on the chest or on the arms?—I cannot account for it; but I believe it

Prof. Boeck. depends upon the greater abundance of lymphatic vessels; but any thing beyond that I am not prepared to say.

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4257. Have you ever inoculated on the leg?—I have made experiments.

4258. What is the character of the pustules there? are they more active than on the thigh?—No; not more so; but perhaps nearly as active as on the thigh.

4259. They are much the same?—Yes; but I never inoculate on the legs, because the skin there is tender, and it takes a much longer time to heal.

4260. That is why I asked you whether sores on the leg, which are further from the centre of circulation than sores upon the thigh, do not run a more active course?—I have not observed that much; but I have seen that the healing did not go on so fast.

4261. What part of the thigh do you usually select for inoculation?—Usually the exterior of the thigh; but when the matter does not take there, I then go to the internal part of the thigh.

4262. Do you find any difference between the outside and the inside of the thigh?—Not any great difference.

4263. I think it is to be inferred from your experiments that the locality in which the pustular disease is least active is upon the chest?—Yes.

4264. That is somewhat at variance with the received doctrine, which supposes that it would be more active the nearer it is to the centre of the circulation?—Yes; but I have had now many years' experience, and from the time when I began to inoculate on the chest, I have never had very large sores, and I have never had phagedena. When I commence to inoculate in the chest, I continue it there as long as possible; and then I have seen very small sores in any other part of the body.

4265. Have you had any dangerous results?—Never.

4266. No serious local damage, or constitutional injury?—In the beginning I had large sores. I have not had in my section the true phagedenic sores but once, but in the other section of the hospital, where they also have used syphilisation, I have seen large phagedenic sores twice.

4267. How would you account for that, that in another section of the hospital, where syphilisation was practised, there should be more phagedena, than in yours?—Only from accident; it might have been in my wards as well as in the others. There was not anything done that could lead to it more in the other section than in mine.

4268. Is phagedena, in your opinion, a contagious disease?—No; you can take the matter from a phagedenic sore, and inoculate another person with it.

4269. What is the state of the health of a patient under your treatment?—The general health becomes better and better under the treatment.

4270. How do you explain that improvement?—I cannot explain it.

4271. But you are clear as to the fact?—Yes.

4272. As the patient becomes more and more advanced under your treatment, the health invariably improves?—I would rather say instead of invariably, generally, because there are some feeble persons who feel weak for a short time.

4273. Is it possible, by rapid and frequent inoculations, to overrun the symptoms for which you have practised syphilisation upon a person?—On the contrary; if you will use syphilisation in that manner, and will inoculate every day, and make very many inoculations, I believe you would have a very bad result, and not the same good result which I attain by my mode of inoculation.

4274. Do the constitutional symptoms, for which you have adopted the treatment by syphilisation, subside as the patient acquires immunity from the syphilitic poison; or, in other words, if you have a patient covered with roseolar rash, and you resort to syphilisation, is it possible that you may render your patient exempt from the syphilitic poison before the roseolar rash is cured, or are all the symptoms of syphilis dead in the person whom you pronounce to be cured by syphilisation?—It might be that after the treatment is ended there would be some roseolar spots, and there might be some small ulcerations in the throat, but you have nothing to do for those; they are going on as safe as possible.

4275. There the disease remains after your treatment is concluded?—Yes; but that is exceptional. There may be some small rudiments of the disease; but for those it is not necessary to do anything.

4276. Do you believe that at the expiration of your treatment, you could inoculate the genital organs of a man, who had not previously been the subject of syphilis, with the last remanent of the pustules of a patient just cured?—I should never inoculate with syphilitic matter any one that was healthy.

4277. Do you believe that that matter in the last stage is communicable to a healthy man?—Yes; no doubt of it.

4278. Have you seen many cases of mothers previously syphilised, and supposed to be cured, who have borne syphilitic children?—Yes; in that way we have not much more advanced than after mercurial treatment; we see mothers who are perfectly healthy, but we see very often that the first-born children are syphilitic. So far as my experience has yet gone, I believe that we sooner have healthy children after syphilisation than after treatment by mercury. I believe that; but I am now expressing only my own individual opinion. What I have seen, and can speak with certainty to, is this, that when the mercurial treatment is used, we are never sure that the woman will have a healthy child. There will be a broken line; that is to say, a healthy child, and then a diseased child; then again a healthy child, and after that a diseased child. But after syphilisation, I believe we get a line that goes upwards; the first child is born dead, or syphilitic; the second and the third one perhaps also; but then healthy children are born, and after that there is no broken line.

4279. If there are three dead or syphilitic children, it would not appear that much advantage is gained by syphilisation?—Just at this moment I must also say that we are not more advanced by syphilisation than by the mercurial treatment.

4280. Have you had any experience relative to the health of children who have been born of parents, either suffering from hereditary syphilis, or from syphilis acquired in utero?—I believe that congenital syphilis is certainly not so bad for the child as hereditary syphilis.

4281. Have you had any experience of syphilisation as applied to the mother or to the father, in a case of hereditary disease?—If you mean that the mother has the constitutional disease before she becomes fecundated, or if she has contracted it after being fecundated, then the same rule would apply after syphilisation as after mercurial treatment. If the mother contracted the syphilitic disease within the eighth or ninth month, she would have a perfectly healthy child, as a rule; but if she had contracted the syphilitic disease before that period she would have a diseased child. If the father had syphilis, we are, in that case, in the same position, and not more advanced than if he had taken mercury; but a different rule will apply, which is, that the child will be healthy; the exception being that the child should be syphilitic.

Prof. Boeck. 4282. I presume you believe that syphilisation acts through the system at large?—Yes; beyond all doubt.

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4284. Is the poison absorbed?—Yes.

4285. And saturates the system?—No; I do not say anything upon that.

4286. But it affects the system?—Yes.

4287. Have you ever inoculated with any other irritant poison besides syphilitic poison?—No I have not. It is done in Christiania, tartar-emetic being the agent, in the form of plaisters; but I have not done it, because I entertain the conviction that syphilisation acts universally throughout the organism, whilst a simple derivative treatment can only act locally. I would never put any one under a long and painful treatment, when it was my conviction that it was not active.

4288. Have you had any means of ascertaining that a man who had been thoroughly syphilised, and having intercourse with a diseased woman, was exempt from the poison of syphilis?—That is too difficult a question to answer; but I should say this, that a man who has intercourse with a diseased woman can have a primary sore; but such a primary sore will last only a very short time; it will become well by the application only of cold water.

4289. You have, I think, never inoculated the genital organs?—No because, for every reason, I think it would not be liked.

4290. What instrument do you use?—A lancet.

4291. Do you make a puncture as small as possible?—I make a mere speck.

4292. What is the usual length of time that you allow for the whole treatment?—Three months and a half.

4293. Is that the average time?—Yes. My recorded cases show that result.

4294. Is this practice adopted at all generally in Christiania?—Yes, very generally; that is, in my section of the hospital, there is no other method employed. In the City Hospital the same cure is always used.

4295. How many medical men are there in Christiania?—60 or 70.

4296. How many of those practise syphilisation?—There are not many who practise syphilisation; they send to me and to other medical men who are used to syphilisation.

4297. Then they approve of it?—Yes, many of them, but they do not practise it themselves, because it is very difficult to syphilise one or two patients; but it is very easy to syphilise hundreds, because they supply each other; you must have new matter. When we have not many patient under treatment it is difficult.

4298. Do you believe in the unity of the syphilitic poison?—Yes.

4299. Is your belief founded upon the fact that you can take the matter of a hard sore and produce a soft sore in another part of the body?—No; because I cannot take from a hard chancre the matter from a syphilitic person, and have a hard sore in him, because he has the syphilitic disease, and he must have a soft sore; but I will endeavour to explain my views upon that. You can from one syphilitic sore have two different forms of sore by the same agent; when you take the serous matter from a hard sore before it is irritated, and you generally only have serous matter, you take that serous matter and inoculate with it the same person; then you might, after two or three weeks, have papules, and you have the surface of those papules encrusted, and if you then irritate the same sore, and inoculate with the matter after that sore has been irritated, you can also have in the same person, a pustule without

any incubation, or after incubation for from twenty-four to thirty-six hours; but I can give another example. When you have syphilised a person with the matter originating in an indurated chancre, and thus given immunity to the person, and you then take the matter from a soft chancre, you will find that he has an immunity from that also; so that you see, if we had two different poisons, it must be for those two different poisons the same thing as when you have scarlatina in a child, and the scarlatina is cured, and you take the child into a ward where there are measles, the child will not have immunity from measles, but it will have measles afterwards, because it is another poison. If there were two different poisons, and you had syphilised a person with one form of those poisons, and then you took the matter from the other poison, you could go on with a series of inoculations as from the first time; but that you cannot do. This I believe is a perfectly sure proof, and the best proof that I can adduce.

4300. When you speak of immunity, am I to understand you to mean immunity from your power of inoculating from another person?—Yes.

4301. And that all his own pustules fail to supply him with new pustules?—Yes.

4302. And a pustule from any one else will not supply him with new pustules?—No. I will repeat what I have stated, adding some few words. Much has been said with regard to immunity, and this immunity has been denied by those who have denied all syphilisation; but not to use the word "immunity," as I said before, the organism after syphilisation never comes back to the same point at which it was, in respect to the syphilitic virus, before the inoculation. Then, I believe, we have the same thing, but in more positive words; because in the commencement of this treatment in Norway, they said, "There is no immunity; we can inoculate the patients afterwards; we have the pustules afterwards." That may be perfectly true, that they could have a pustule; but what is it? A very little vesicle, which will not produce any ulcer; it is not any chancre that they have afterwards, it is a mere excoriation, and the words are not perfectly identical. Therefore the organism, after inoculation, never comes back, in respect to the syphilitic virus, to the point where it was before inoculation; it is never as susceptible as before inoculation, it is perfectly the same as after vaccination.

4303. That is to say, you have seen experiments made to test the efficiency of the inoculation on your patients, after you have pronounced them cured?—Yes.

4304. And the product is no longer, according to your opinion, a pustule like those that had preceded the treatment, but it is a pseudo-pustule, a simple vesicle, or swelling of that kind, which does not bring it into the category of pustules?—Yes.

4305. Are you satisfied, from what you have seen and practised in the cause of syphilisation, that it is a safe and efficient mode of curing the disease called syphilis?—I never believed that it would be possible to acquire so perfect a mastery over the syphilitic disease as I have with syphilisation. I had practised in my profession for twenty years before I began the system of syphilisation. I had seen all the bad effects resulting from the old system of treatment; but I never could have believed, until I had had the experience, that it would be possible to do against the syphilitic disease what I can do by syphilisation.

4306. In one of your books you have said that the indurated chancre, which you very properly compare with tarsal cartilage, was first described by Auzias Turenne; but it was described in England long before?—I did not know that.

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4307. *Mr. Quain.* I infer that you treated syphilis by other means before you began to practise inoculation?—Yes.

4308. With mercury?—Yes.

4309. And without mercury?—No; always with mercury. I was a strong advocate for mercurial treatment, because I used to say, "We must cure our patient; we cannot let him go with this disease upon him."

4310. Up to that time did you consider mercury the best remedy you could employ?—Yes.

4311. Do you now treat people in the upper classes of society, and soldiers or sailors, by inoculation?—Every one who has constitutional syphilis I treat by syphilisation.

4312. Persons in the highest class of society?—Yes.

4313. Do they submit to it now?—Yes; and not to any other mode of treatment.

4314. Do you confine them to their beds or to their rooms during treatment?—No.

4315. Are persons in the humbler classes, who do not go into hospital, confined to their rooms, or their beds, or are they allowed to attend to their business avocations?—They go and attend to their business; but I do not put any one under treatment by syphilisation if I do not know him, and I have not any surety for his good conduct. When I know him, and I know that he will conduct himself in a proper manner, then I syphilise him, and in that case he would be allowed to attend to his business.

4316. Would you permit a young doctor who had the disease to practise?—If he were a prudent man, and knew what syphilis was, and used all necessary precautions, so that the matter should not be communicated to any one, there would be nothing against it.

4317. Would you allow an officer in the army to attend to his ordinary duties?—That I have done.

4318. Do you see any objection to allowing that freedom?—No; I have now, in Christiania, a sous-officier under my treatment; his doctor was aware that he had the disease, and his officers knew that he had the disease, and there is no objection to his attending to his duty, because he is a very prudent man.

4319. You are aware that M. Ricord practised inoculation as a test for the nature of the disease?—Yes.

4320. What do you think it proved, as practised by him?—His inoculations were only made to ascertain whether a sore was syphilitic or otherwise.

4321. Would the taking of the inoculation, as practised by him, prove that the disease was syphilis, in the sense that it would be followed by constitutional disease?—Yes.

4322. Would that inoculation, according to M. Ricord, be followed by constitutional disease?—My opinion is that there is not anything against it; but you are aware that there has been a very great party who maintained that when any inoculation is taken by a man that has had a chancre himself, then it was not syphilitic. My opinion is, and my practice and experience lead me to think that we could in a man have precisely the same effect after an indurated chancre as we could have after a soft chancre. It depends upon the age of the chancre, and it depends upon the species of indurated chancre. When we have an indurated chancre, the true Hunterian chancre, with this induration at the bottom, a hard base, then we could, when this chancre is not old, have a pustule—not after any incubation—as well as we could have it after a soft chancre. But you have the other forms, the form which I have mentioned, that is, similar to an everted tarsal cartilage; and then

this chancre is developed after contamination by mucous tubercles, or secondary phenomena, and this chancre cannot be inoculated from directly; this chancre, in order to produce pustules, must always be irritated.

4323. In one of your answers to the Chairman, you stated that you regard the continuing inoculability to be a proof that the disease is syphilis, and an infectious disease?—Yes.

4324. You are aware of the experiments made by Auzias Turenne upon monkeys?—Yes.

4325. Did the monkeys take the constitutional disease?—I do not know; he has stated it, but I have not seen it.

4326. Have you any absolute proof that the matter which you obtain from a hard chancre by irritating it, is syphilitic?—Yes.

4327. And infectious?—Yes; because it will go through a series of inoculations, and it would not have that effect, if there was not a specific character in the matter. When an individual has gone through these inoculations, and has been cured by this treatment, you could not use the matter from a soft chancre in him, as you had used the matter before from an indurated chancre.

4328. Have you ever used the matter from a soft chancre?—Yes; in the first year of my practice I did use it; I then used both matters without any discrimination.

4329. Was the matter from the soft chancre as good for the purpose of your treatment?—I will not say it was as good, because it was too good, and more irritating; it was too active, so that the treatment lasted a longer time.

4330. Do the sores that you produce affect the lymphatic glands?—Yes.

4331. In the armpit?—Yes; then I commenced to inoculate in both sides on the margin of the great pectoral muscle, but there is a chain of glands such as you have in the groin after a primary sore.

4332. You have stated in your writings, that in one instance, at the request of a patient suffering from eczema in an aggravated form, you used inoculation?—Yes.

4333. Did that person get the constitutional disease?—No.

4334. Was she cured of her complaint?—Yes, she was; but after she was cured, she had slight relapses; but she is very happy that she underwent the treatment, for she has never been so ill since.

4335. Were her lymphatic glands affected?—I am not able to say at the moment; but the facts are recorded in the "Journal."

4336. Were the lymphatic glands of the axilla, which you saw affected after your inoculation, hard or soft, or did they form pus?—By the margin of the great pectoral muscle they were hard, in the same way as the glands connected with an indurated chancre in the groin.

4337. After treatment, according to your plan, are relapses frequent?—They are not frequent, but very seldom I should say. We have watched every case in our hospital, and I have now treated 429 cases in the hospital. From those 429 there have come back 45, which we have called relapses. I take them to be so; but in many of those 45 they have only had little tubercles, or little spots in the mouth, and these are remarked upon, because under this new treatment every medical man has been so alive to watch the first symptoms; 13 of those 45 have been syphilised once more.

4338. They required treatment again?—Yes, and I remember now that two or three have been treated with iodide of potassium.

4339. Before you commenced your treatment by syphilisation, were you in the habit of seeing a great number of relapses?—Yes.

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4340. Since you began this practice have you seen second or new attacks of the disease?—No; that is, new constitutional attacks?

4341. Yes; beginning from a new sore?—No.

4342. Did you witness that in any cases before you began syphilisation?—Never; I have seen two cases where it might be doubtful; but I believe not. I have never seen a second attack of syphilis, which Diday stated he had seen so often.

4343. Has the state of health of your patients after treatment been good?—Yes; very good.

4344. Better or not than it used to be after the former mode of treatment?—There is no comparison; their health is extremely good.

4345 How would you account for the case of M. L., who is said to have inoculated himself 2,500 times, in Paris?—I do not hesitate to say at once that it is not true.

4346. Might it be accounted for by his having been inoculated from a soft chancre, and not from a hard one?—That could not do anything; but what could have done it was to have cauterised the sores directly after they came. If they had not done this, then I say it is not true. I have had such great experience that I say it is not true; it could not have been so.

4347. Are you of opinion that syphilis is a common disease amongst the people of your country?—No, not very common; it is in the sea ports; you see always syphilis there; but I could not say that the disease is a common one in the country.

4348. Have you considered any plan of preventing the spread of the disease in the army and in the navy?—No; but we have in Christiania a well-regulated system of visitations by the police.

4349. Are there medical men appointed to examine the women carefully?—Yes, there are two medical men attached to the police.

4350. Are the women who are found to be diseased placed in your hospital?—No, they are taken to the City Hospital.

4351. That is the hospital to which women suffering from syphilis are taken?—Yes; prostitutes.

4352. How often are the women examined?—Once or twice in the course of a week.

4353. Are they sent at once to the hospital if they are found at all diseased?—Yes.

4354. Is there any mode of examining soldiers and sailors?—Not sailors; but the soldiers are sometimes visited.

4355. By their own doctors?—Yes; I believe once in a month.

4356. Do you consider it necessary to place women who have the constitutional disease in the hospital for treatment?—Yes.

4357. Do you believe that disease might be communicated to the other sex by women having the constitutional disease only?—Certainly.

4358. *Dr. Wilks.* Have you treated other cases besides?—I once treated a man with cancer in the face.

4359. Have you not treated lepra?—No; but my colleague, Dr. Daniellssen, has done so.

4360. Did those patients have constitutional syphilis in consequence?—One of his patients had constitutional syphilis.

4361. Did he treat many of those cases?—I believe he treated 27 or 30 cases, but I think one only had constitutional syphilis.

4362. Do you always suppose that a patient is cured, and that they obtain immunity when the pustules cease to take, or do you inoculate them from another person?—I inoculate them always from another person, so long as I can obtain another matter.

4363. Sometimes if you inoculate them from a third person, you might

get a pustule?—Yes, sometimes they have pustules after being inoculated, five, six, or seven times.

4364. But you are never quite sure?—It might happen that there was another matter that would take; but you must understand that after three months and a half the results from the inoculations are so very small that I believe it would be the same, whether there should be more matter obtained or not.

4365. Have you seen syphilis treated by external applications?—Yes.

4366. What was the result?—The result of that mode of treatment generally is, that it lasts for a longer time than it does after inoculating with the syphilitic matter; there are more relapses than after syphilitic inoculation, but the general health is good.

4367. Were several of the patients cured?—Yes.

4368. How do you explain that mode of treatment?—I would explain it in this way, that it is a cure by nature herself, an event which occasionally occurs with respect to constitutional syphilis when left without treatment.

4369. What proportion of antimony was used?—Tartar emetic one part, and I believe two or three parts of lard.

4370. What do you mean by the Dzondi treatment?—That is a German mode of treatment which was extensively used; the sublimate was given in increasing doses, 12 grains of the sublimate to 240 pills, commencing with 4, and increasing to 30; that is, every two days increasing the number by 2 until they become 30.

4371. How do you treat the primary disease?—Only with indifferent remedies; cold water, sulphate of zinc, and acetate of lead.

4372. Do you use mercury?—No.

4373. Do your colleagues give mercury?—Never for primary sores; patients in Christiania are never treated with mercury; my colleagues there do not use mercury, with the exception of one or two.

4374. How long do you wait?—I wait until the constitutional symptoms are there, not because I could in most cases say that we should have constitutional syphilis, but I must lay down a rule for the students. I, therefore, never take patients under treatment, before the constitutional syphilis has appeared. Any one of the young men could also do the same; they could not always be sure that the constitutional syphilis would break out.

4375. *Dr. Babington.* Do you consider matter and pus to be synonymous, or do you mean pus when you say matter?—Not perfectly so. I say matter, from every sore, but I say purulent matter when there is pus.

4376. When you say that you inoculate on the third day with matter, you do not mean with pus?—When I have an indurated sore, then I mean serous matter.

4377. Do you get purulent matter, when, on the third day, you say you inoculate from the last sore?—Yes.

4378. Do you get matter or pus on the third day?—I get pus after three days.

4379. Always?—Yes; sometimes this matter will be very thin; but, as a rule, I could say that we have pus.

4380. In three days?—Yes.

4381. As a rule, you would not have it in vaccination so soon?—No.

4382. Do you find any difference in scrofulous patients, and that they are longer in getting well?—No great difference; there might be some difference in tuberculous subjects.

4383. Would you make any difference in your treatment if the patient was the subject of phthisis?—Not any difference, except that I should, if I could, give better diet.

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4384. Does syphilisation benefit phthisis at all?—No; if the syphilitic disease is combined with tubercular disease, it is not a good case.

4385 Do the pustules resemble each other in each inoculation?—No; they always get smaller.

4386. Do the first inoculations continue to be sores throughout the treatment; suppose, for example, you make a number of punctures in the chest, do they remain sores to the end of the three months and a-half?—No; they heal generally after the expiration of four to six weeks, but they might become encrusted in some weeks; they are sometimes healed in the first three weeks, or they will remain for six weeks.

4387. Do they ever become indurated?—Never.

4388. Have you ever inoculated on the head, or the face?—Yes; to see how it would be with a chancre on the head. You are aware it has been stated that there could not be a soft chancre on the head. I have inoculated on the head, and the result of the inoculations has been that the sores are very soon healed; there is no place in the body where the sores heal so soon as on the head. Therefore, I believe that soft chancres could exist on the head, and that they might heal there before the patient went to a medical man.

4389. You would commence in the head, according to your system, if it were not that the inoculation would be visible?—That is true; but there is so little room, and it is objectionable, I think, to inoculate there, because, I believe the public would not be very content with it.

4390. Do your patients never object to your system?—Never; on the contrary, all persons prefer it.

4391. Do patients never go out of the hospital uncured, saying that they will not submit to the treatment any longer?—They have not permission to go out.

4392. By what law are they prevented from going out?—When they are suffering from a contagious disease they are under the control of the police. The persons who are placed in the hospital do not pay for their own treatment, the city pays for them; and the city authorities say, "You shall stay in the hospital until you are cured; if not, you shall pay for yourself."

4393. Does that apply to the men as well as to the women?—Yes.

4394. Would they be punished if they went out of the hospital uncured?—I give no one in the hospital under treatment by syphilisation permission to go out of the hospital, even to pay a visit, unless a man from the hospital accompanied him.

4395. Supposing we were to adopt your plan in this country, what should we say to our patients, to persuade them to remain under treatment; could we say, "We will cure you quickly and with more certainty"?—I would say to them, "You shall be cured in a way that your health shall not be injured."

4396. Does your mode of treatment interfere with the appetite of the patient?—No; the appetite gets better.

4397. What is the state of the bowels?—Perfectly right.

4398. Can a man have syphilis twice?—No; I have never seen it.

4399. How many beds have you in your hospital?—I have only, in my section, thirty beds for syphilis.

4400. Do you never use mercury?—Never.

4401. Do you cure iritis by syphilisation?—Yes.

4402. *Dr. Balfour.* Did you ever inoculate a patient labouring under constitutional syphilis with purulent matter taken from a simple sore, such as that following an operation in a person who was not syphilised?—I have inoculated sometimes from sores that were not specific, to see if they also could be made to take; after these inoculations

I have sometimes had a pustule; but I have not found that from this pustule I could inoculate any more.

4403. Have you occasionally found that you could not produce a pustule at all?—I can produce sometimes a pustule with such matter only for one generation; in the second generation it fails.

4404. Are not the sores which you produce on the sides of the chest by inoculation painful?—Sometimes they are in some individuals.

4405. Do you apply any special treatment to them when they are so?—No; I give them sometimes a little morphia in the evening; but they are not very painful; they sometimes say, "I have not been able to sleep last night. I cannot sleep; what shall I do?" but they do not regard it as anything serious.

4406. Do you administer any internal medicines?—Never.

4407. Not of any kind?—No.

4408. *Dr. Donnet.* During your treatment by syphilisation, upon what diet do you put the patients?—As good as possible, I give them what the hospital provides as full diet; and in my private practice I tell my patients that they should take good diet; that they must not take brandy nor hot wines; neither sherry nor port; but they might take beer, claret, and a little champagne, if they wished.

4409. Have you ever known syphilis transmitted to a child from a nurse under syphilisation?—Do you mean that a nurse has had the syphilitic disease and given the child the breast?

4410. Yes, whilst under treatment by syphilisation?—Then I must remark that I do not syphilise the wife when she is suckling her child; that is not permitted. The child is always taken from the mother before syphilisation is commenced. In Christiania we are, I believe, as conscientious in our mode of proceeding as it is possible to be; perhaps sometimes too much so. We never do anything that could possibly injure a person; and you will understand, that at the beginning, when this mode of treatment was first introduced, I was obliged to be very cautious in every respect.

4411. Have you ever used cauterisation in the treatment of a primary sore?—Yes; before I commenced this treatment, I had very often cauterised primary sores; but now I do not do so.

4412. Have you ever tried the pus taken from a suppurating bubo for the purpose of syphilisation?—Yes; in the first year of my practice.

4413. Did you find it succeed?—Yes.

4414. *Mr. Spencer Smith.* What is the general beverage of the people in your country; do they drink beer; I mean your patients?—Yes; they have very good Bavarian beer. I can say that that is now the general drink of the country; the beer is very strong.

The witness withdrew.

Tuesday, 13th June, 1865.

Present:

Mr. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Dr. W. Hughes Willshire (Physician to Charing Cross Hospital and Consulting Physician to the Royal Infirmary for Children), examined.

Dr. Willshire.
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4415. *Chairman.* You have been attached for several years to the Royal Infirmary for Children?—I think now for about fifteen years.

4416. You have had a good deal of experience in the diseases of children from infancy upwards?—Yes.

4417. You have seen cases of syphilis in children, and you are familiar with the signs and indications of that disease as they occur in infancy and childhood?—Yes.

4418. Have you also seen struma repeatedly?—Yes.

4419. I do not know whether the two diatheses may not be occasionally confounded; but, as a general rule, are the signs of each disease sufficiently well marked to enable a man of moderate observation to distinguish the one from the other?—As a general rule, I should say that they are particularly so in children.

4420. Have you ever made any observation upon the proportion of cases of syphilitic disease in infancy, whether hereditary, congenital, or acquired? In a hundred cases, for example, what do you think would be about the proportion?—I could make only so very vague a guess, that I should prefer not expressing an opinion upon that. I have seen a great number of cases altogether.

4421. Those examples, I suppose, were confined for the most part to the class of persons who apply to the infirmary for relief?—Yes.

4422. Among the remaining classes, have you seen cases of disease of a syphilitic character, or are they confined to the lower class?—I have seen it in the better classes of society; it goes through the whole range of society. So far as my experience has gone, there is a far greater proportion of cases among the poor than among the better classes.

4423. Will you describe the signs of the syphilitic disease as they appear in infancy?—I should class them chiefly under two forms, syphilitic lepriasis or the squamous syphiloid, and the form of mucous tubercles or condylomata, which occur by the side of the rectum. These, I believe to be the more common forms.

4424. At what age do they appear?—As a rule, the syphilitic affection first presents itself, I should say, to speak very accurately, between the sixth and seventh week, or about the seventh week; but then it is probable that snuffling and a little roughness about the eyebrows might exist before that; yet I have been so often told that the

eruption made its appearance at the sixth or seventh week, that I should put that down as about the time. *Dr. Willshire*

4425. The knowledge you have acquired of the syphilitic disease in children, has been obtained from unusually large opportunities for study and observation. Taking the majority of our profession, who have had less opportunity of acquiring information on these subjects, do you not think that in practice the diagnosis of such cases may be often imperfect and erroneous?—I am quite of that opinion; the disease is constantly not diagnosed. 13 June, 1865

4426. Can you readily distinguish between cases of congenital, hereditary, and acquired syphilis?—I should say that acquired syphilis in children is scarcely known to me; if it be meant acquired in the act of birth, that is not known to me, except, I might say, as syphilis in the eye, or ophthalmia.

4427. How would you distinguish one from the other?—Congenital syphilis is hereditary; but congenital syphilis is not common. In using the term "congenital," I mean it to imply the syphilis with which a child presents itself at or immediately after birth; hereditary syphilis is, of course, derived from a predecessor, but may not openly show itself at birth.

4428. Are these varieties of the disease amenable to treatment, and if so, are they controlable by suitable remedies in an equal degree, *cæteris paribus*?—I should say this, that where you have congenital syphilis it is the worst form of it, and the cachexy in the child will be greater, and worse than in the simple hereditary form.

4429. What do you mean by congenital syphilis?—I mean a child coming into the world and presenting certain vesicles or bullæ upon the body, which soon after birth, or at the birth, or a week afterwards, present an appearance of "burnt holes," as they have been called; small deep ulcers, which you assume are the remains of the bullæ, which have not healed, or are going to ulcerate deeply, and sores of that description. These you would infer to be syphilitic, from the cachectic look of the child, and the history which the mother gives you, rather than from any features in themselves. If they had occurred later, you would have known them to be so; but though hereditary, in that case, they are not congenital, that is, not appearing immediately after birth.

4430. Do you for the most part rely on the action of mercury in the treatment of these cases?—Entirely at first, in children.

4431. Will you be good enough to describe the indications of struma that present themselves in early infancy?—A very fair complexion is evidence of a strumous constitution; then enlargement of the lymphatic glands and exanthematous diseases about the face and scalp. My own view is, that rachitis and tuberculosis are modifications of the strumous diathesis.

4432. Looking at the prevalence of syphilitic disease, does it not appear to be desirable to make every effort to check its progress?—Decidedly.

4433. Have you read the Contagious Diseases Prevention Act?—Yes; but I do not remember its details. I have considered the principle involved in it.

4434. Does it appear to you to answer all the purposes which the framers of it had in view?—That is a question I cannot answer.

4435. The operation of it would be this, that a suspected woman might be taken up; but there is no registration of the women, no means of following them into their circle?—Then I think it would be insufficient, or only half sufficient.

4436. Considering that women known as prostitutes have fallen originally from a state of innocency and purity by the arts, and at the

Dr. Willshire. instigation, of our sex, and have been thereby placed on the inclined plane, which almost necessarily terminates in their ruin, and often in their utter degradation; do you think it is more than just that they should receive at our hands our best aid and protection?—No; I think it is a duty.

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4437. *Dr. Wilks.* Do you recognise any of the different forms of syphilitic affections in children after the age of five or six, or at all at that age?—Not unless they have had it previously. I have only seen one or two cases. I remember Mr. Hunt bringing a case to us, at the Medical Society, and detailing some facts connected with the appearance of syphilis in a child of 13 years of age. I was doubtful about the facts; but I remember one case upon evidence that was certainly trustworthy. I believe that syphilis may exist in a child hereditarily, and that it will make its appearance within the first two months.

4438. What is the latest age at which you have seen any symptoms?—There I am rather open to doubt, but I have a case now under my observation, of a child of 13, in respect to whom I should say that, if they had occurred in an adult, and you did not know anything about the history of the case, you would say it was syphilis.

4439. What would be the symptoms in a case of that kind?—This is a case of rupia and chronic pemphigus, and it is so marked and so inveterate, and has such relapses, that is to say, the child gets well under an improvement in nutrition, and then appears to be free from it; and then it re-occurs in the same form, so that one cannot but believe in the existence of a modified poison in the body, rather than that the pemphigus is merely the result of some simple state of the constitution.

4440. Speaking from your experience generally, at what age do you usually cease to see manifestations of syphilis?—I think about between the second and third year; they become rare then.

4441. Do you recognise the disease after that?—Generally when I have had such cases under treatment they have been relapses. The history alone given with the case that I have referred to goes against the fact of its being syphilis; everything else seems to indicate it.

4442. You are aware that some persons recognise it at a later period of life?—Yes, up to 13 or 14.

4443. And they have given certain symptoms as diagnostic of it?—Do you allude to those points which have been mentioned by Mr. Hutchinson?

4444. Yes.—Those have been long known to me. If you put the question broadly as to those points which Mr. Hutchinson has brought forward, connected particularly with the teeth, I have been long familiar with them.

4445. Do you recognise the peculiar condition of the teeth in hereditary syphilis?—No, not as characteristic of the disease; but I am acquainted with that condition of the teeth for it has been long known. I know it to be often associated with a low state of development and nutrition in the case of scrofulous children, who are totally devoid of syphilitic taint.

4446. What is that condition which Mr. Hutchinson describes, and which you say you are familiar with?—A furrowing of the teeth; indentations; a notched condition of the edges of the teeth, and teeth broken off.

4447. Are you aware that the ophthalmic surgeons describe a particular kind of Keratitis coming on?—That is unknown to me.

4448. Do you recognise any affection of the bones in hereditary syphilis at any time?—Yes, occasionally, but rarely. I have known the nasal bones lost.

4449. Have you noticed any affections of the long bones, the tibiæ? —No, not to my recollection, in early life. *Dr. Willshire* 13 June, 1865

4450. Is it rare at the Infirmary for Children, for patients to appear above a certain age, or after they leave their mothers' arms?—Yes, and elsewhere. It happens that the subject of syphilis, connected with skin disease, is a point I pay much attention to now at the Charing Cross Hospital.

4451. Is it your opinion that many of those cases which have been described by Mr. Hutchinson are really scrofulous cases?—Yes.

4452. Suppose the shaft of both tibiæ to be enlarged from end to end, and thickened from chronic ostitis, should you regard that as a scrofulous affection?—No. If that occurred with the condition of the teeth which has been mentioned, I would willingly allow that it might be the result of syphilitic dyscrasia; but I am satisfied, at the same time, that the latter or dental condition might be produced without.

4453. Have you met with any of those doubtful cases in which, having adopted the ordinary treatment for scrofula, you have used mercury and obtained more success?—Yes, but I have also done it in cases which I was pretty sure would not be syphilitic. A mere improvement under the alterative influence of mercury would not prove to me that the case would be syphilitic, although I am a strong advocate for mercury.

4454. Am I to understand you see children at any age showing the effects of syphilis, or that all the symptoms of the disease have passed at the age of about two years, and that they rarely develop themselves afterwards?—Yes. I should not know what the symptoms were when all the signs were out of the way.

4455. You do not make the same distinction between tuberculosis and scrofula and rickets that some people do?—No. I look upon them as different manifestations of much the same diathesis, from disease of nutrition.

4456. Have you seen many fatal cases in children from the syphilitic disease?—Not many, considering the number of children I have seen; but I have seen fatal cases.

4457. Do the children generally get well under treatment?—Yes, as a rule; but they are subject to relapses, particularly in certain forms of the malady.

4458. Supposing a child was not treated, what would be the consequence?—I think a great deal would depend upon the condition of life in which the child was, and whether the child was well cared for, speaking as to its general nutrition. If it were in a very poor class of society, and much neglected, so that the general vital powers were very much lowered, then the disease, which might be more manngeable in a child better cared for, might not be so easily cured.

4459. Is it your opinion, that whether treated or not treated, the disease has a tendency to wear itself out within a year or two in children, and that it rarely manifests itself after about two years of age?—I have only a knowledge of those cases which have come under me for treatment; and as to what would be the result in any other cases, not having them under my own observation, I could scarcely say. To answer that question, as to whether it wears itself out, it would be necessary to have the two classes of cases before me in large numbers; viz., those which were treated, to see them get well; and those which were untreated, to see the disease wear itself out. I have not had the opportunity of observing the latter class of cases; and whether syphilis in children untreated would wear itself out or not, I cannot say. I have not had those cases to treat, but I know what the result is in the other cases.

Dr. Willshire.

13 June, 1865.

4460. *Dr. Babington.* What is the proportion of children who get well under treatment, as compared with those who do not?—In the vast majority of the cases that come under treatment, every symptom disappears, and then you do not see the child again; at the same time I could not undertake to say that there is no relapse in the children afterwards.

4461. What is your mode of treatment?—In the majority of cases it is usually the internal administration of mercury.

4462. In what form?—Usually the ordinary form, of mercury with chalk combined with soda.

4463. To what extent do you carry that treatment; by what indications are you led to leave it off?—By an improvement of the rash, on the one hand, or from the child getting thin, the cachexy being very marked, nutrition falling off, and diarrhea supervening upon the administration of the mercury; then one has to recur to mercury in another mode, or to iodide of potassium.

4464. Do you continue its use when the rash has become well?—Yes, for a short time afterwards.

4465. Do you make the gums at all tender?—No; I never look to that. When mercury shows itself in its specific action in a child, it shows it in the ulcerative form, not in enlargment of the glands.

4466. Do you also use iodide of potassium?—Yes, afterwards, combined with cod liver oil.

4467. Do you ever treat any children without mercury?—I have done so, but very rarely.

4468. Are there, in the Infirmary, beds set apart for syphilitic cases, or do they occupy beds among the rest of the patients?—Among the rest of the patients.

4469. How many beds are there in the Infirmary for children?—I should mention that I have been speaking chiefly of out-patients.

4470. How soon do you admit children into the Infirmary?—From the first fortnight.

4471. Do they bring them up by hand?—Sometimes; but these cases of which I have spoken are not cases admitted into the hospital; they are cases brought to the hospital for treatment.

4472. Do you recommend nursing children at the breast?—Supposing a child is syphilitic and the mother is syphilitic?

4473. Yes.—Yes; and I give the mother mercury.

4474. Then you treat both the mother and the child?—Yes.

4475. Have cases occurred in your experience in which nurses have acquired syphilis from those children?—I have seen cases in which I have believed such has taken place, though, reasoning the matter out, one cannot but feel that syphilis is always open to this great drawback, that in drawing your inferences you cannot put aside one source of trouble and uncertainty, namely, the truth of what is represented by the person concerned.

4476. *Mr. Quain.* Have you had an opportunity of examining the parents of these children to any extent?—To some extent I have.

4477. Have you traced disease in them also?—Yes.

4478. Are the first-born children after marriage, as a rule, worse than the children born subsequently?—As regards the largest manifestations of syphilis, I should say, yes; that is to say, the sooner a child is born after the reception of the virus into the parents the worse the child is.

4479. So that the first child is worse than the second, and the second than the third, and so on?—Yes.

4480. Have you ever examined the internal organs of those children which have died?—In a few cases.

4481. Did you find the internal organs affected with disease?—I have found certain things of a doubtful character in the thymous gland and the liver; but until I became very much informed by my colleague's (Dr. Wilks') own writings on the subject, I have only had surmises about them; there was nothing distinct. *Dr. Willshire.* 13 June, 1865.

4482. Have you any doubt that they were due to syphilis?—No, that is my belief.

The witness withdrew.

Mr. M ——, examined.

4483. *Chairman.* I believe you went to Christiania to place yourself under the care of Dr. Boeck?—Yes. *Mr. M*——. 13 June, 1865.

4484. And the result of your visit was, both to yourself and your friends, eminently satisfactory?—Quite so.

4485. It answered every purpose that you contemplated by your visit?—It made me as strong as I was before my illness.

4486. In what condition of health were you before you went?—I was in a state of excessive weakness.

4487. In what year was it that you went?—In 1862.

4488. How long had you been the subject of syphilis before that?—From 1855, I think, if I recollect rightly.

4489. From what symptoms did you suffer in those seven years?—I had severe sore throat and secondary symptoms.

4490. Had you eruptions?—Nothing further than a very severe sore throat.

4491. What had you had before that?—A hard sore.

4492. Were you treated with mercury for that?—Never.

4493. Were you aware, before you went to Christiania, that Dr. Boeck objected to treat cases in which mercury had been used?—I was only aware from Dr. Simpson that I had a better chance from not having taken mercury.

4494. You say that you had had a hard sore?—Yes.

4495. You were aware of it?—Yes.

4496. You are familiar with the term and the thing?—Yes.

4497. Following that hard sore, for which you were not treated with mercury, you had what you considered to be secondary disease; did that make its appearance alone in the form of sore throat?—Yes.

4498. How long after the existence of the first or primary disease did the sore throat appear?—I can hardly answer that question now, thinking nothing of it at the time, but I should think months, any way.

4499. You were told that it was syphilitic sore throat?—Yes.

4500. How was it that you were not treated with mercury?—All my family had died of consumption, and I was the last of eleven in family; my medical man knew them all, and he said, "I will not give you any mercury."

4501. You never had any eruption?—No; not that I know of.

4502. Had you any swelling in the glands about your body?—Only in the groin, when I had the first symptoms.

4503. Had you any on the back of the neck?—A little (*pointing to the side of his neck*).

4504. Did those glands suppurate?—Never; they were treated with caustic, and they never opened in any way.

4505. Was the caustic rubbed on the skin?—Yes.

4506. Had you any eruption in the head?—The hair came out.

4507. Very much?—Not all of it; but a great deal of it came out.

Mr. M———. 4508. Whenever you combed your hair?—Yes.

——

13 June, 1865. 4509. Could you pull it out easily?—Yes.

4510. Did the state of your throat vary in the course of those seven years?—It varied very much; sometimes I was well, and sometimes I was very unwell.

4511. It always broke out?—Yes; always.

4512. Did you not place yourself under the care of Dr. Simpson?—Not exactly that. I was living in the country, and I had a medical man near to me, who was a very intimate friend of Dr. Simpson's.

4513. Did Dr. Simpson advise you to go to Norway?—Yes.

4514. What treatment was adopted in your case?—He said, "Keep up your system, that will throw it off;" and he gave me sarsaparilla, and, I suppose, iodide of potassium.

4515. Did Dr. Simpson advise you to go to Christiania?—Yes.

4516. You went accordingly?—Yes.

4517. What state of health were you in during those seven years?—I had a very good constitution when it began; but I went down, and I got so low that I could hardly walk; coughing night and day, in the last year or in the last six months.

4518. How long were you in Christiania before Dr. Boeck commenced his treatment?—Not an hour; he commenced it within half an hour of my arrival.

4519. How long after your arrival in Christiania was it before you became sensible of any improvement in your health?—I think it was not more than ten days.

4520. Did you attribute that to the treatment, or to the change of air and climate?—To the treatment entirely; I am sure of that.

4521. Did your improvement continue to go on?—Yes. I weighed myself every week, on a Monday, and I found that I generally gained nearly a pound a-week in weight.

4522. What month are you speaking now of?—I went there at the very end of July, and this was in the month of August when I began to improve so much.

4523. At the end of July; is it not very hot in the north?—Yes; it was very warm in Christiania.

4524. Did Dr. Boeck begin to inoculate you in the chest?—Yes.

4525. What from, and from whom?—I cannot answer that question; I only saw the matter upon the point of a lancet.

4526. How many pustules did he make?—Three on either side of my chest.

4527. What occurred next?—He continued to do that every third morning.

4528. He re-inoculated you?—Yes.

4529. With what matter?—With matter taken from the first pustules.

4530. Suppose, for example, you were inoculated on a Monday, what would have been the third day?—On the following Thursday morning, when he came to me again.

4531. You are quite clear that the pustule was formed by the Thursday morning sufficiently distinct to enable the doctor to take matter from it?—No question about it.

4532. Did he give you any medicine?—He gave me iodide of potassium.

4533. That you had taken before?—Yes.

4534. And the same as you had taken before?—Yes.

4535. How large were those pustules?—As large as my nail, and very nasty they were.

4536. Did they join or run into each other?—They always joined. (*The witness uncovered his person, so that the scars made by the inoculations could be seen.*) *Mr. M——.* 13 June, 1865.

4537. Two of the pustules appear to have run into each other?—Yes; there was only a small division between them.

4538. How long was it before these three pustules (*pointing to the same*) healed?—As nearly as I can recollect, between four and five weeks.

4539. Had you a great many more made before those healed?—Before the first pustules healed, the rest were all open; they nearly all healed up within three days.

4540. The first three outlived, or nearly so, all the rest?—Yes.

4541. Were those which were made later more short lived?—They were much smaller, and healed more easily.

4542. Did the last that were made heal rapidly?—Yes; as far as I remember.

4543. Did they all heal nearly at the same time?—I think so.

4544. And those made (*pointing to the same*) five weeks before the others?—Yes; they all healed up.

4545. Had you any of these on the left side at that time?—Yes; they were all going on at the same time on both sides.

4546. Now, if you please, exhibit your arm. (*The witness uncovered his arm.*)

4547. Were these pustules made before the others had healed?—Yes; and they were much smaller on the whole, and were very easy on my arm.

4548. The scars are much smaller on the arm?—Yes.

4549. The first three made on the arm appear to have left the largest scars?—Yes; those three did, I know.

4550. The pustules on the chest were very much deeper than those on the arms, especially those first made?—Those on the thigh were the latest made, and they were much smaller than those elsewhere.

4551. *Dr. Donnet.* Were the pustules on the arms perfectly healed before Dr. Boeck inoculated you on the thigh?—Yes; I think so, or nearly so.

4552. Did every inoculation take?—Every one of them, not one missed.

4553. Did the operation give you pain?—Not the least; he inoculated me three times a-week for nearly four months.

[*The witness exhibited his throat after the removal of the false palate, and it appeared that the soft palate was entirely removed, and a little angular piece of the hard palate in the middle. An indentation at the bridge of the nose shewed a loss of a portion of the nasal bones, with no external wound.*]

4554. *Mr. Quain.* What is your employment?—I am a farmer; and I can do a hard day's work now, or ride with anybody.

4555. Has not some alteration taken place in the outline of your nose?—Yes; and I may mention, with regard to my weight, that I was 8 stone 9 lbs. when Dr. Boeck began his treatment of me in Christiania. My weight when I was well was 13 stone 11 lbs., and when I was quite well, before the first symptoms came on, I weighed 13 stone. When I left Christiania I was 11 stone 12 lbs.; that was after nearly three months. When I went to Christiania I had a bad cough, which left me in a fortnight.

4556. Had you night perspirations?—Yes; I was in a fearful state.

4557. Was your tongue ever affected?—I think it was a little.

4558. Did you ever have a relapse?—No; I have a bad cold just

Mr. M———. now from coming up, but I have never had even a cold or a headache since.

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4559. Had you any lumps upon your shins?—Never; nor any pain. I felt a slight pain here on the shin (*pointing to the same*), but nothing else.

4560. Had you any lump on your head?—None.

4561. Did any medical man see you before you went to Christiania, except your country doctor and Dr. Simpson?—Yes; Professor Syme.

4562. What did he do for you?—He thought that I would not live a week.

4563. Did he say that it was syphilis you were suffering from?—Yes; they all told me that.

4564. Did you take anything else besides iodide of potassium during the seven years before you went to Christiania?—I took sarsaparilla.

4565. Did you take a great deal of iodide of potassium?—Yes; I think so.

4566. Did you take it in large doses?—I cannot say.

4567. Were you taking it for several months, or years?—For many months.

4568. Did the ulceration keep gradually spreading during the seven years?—Sometimes, badly; and sometimes I was quite well; if I got the least cold then I was bad.

4569. Did you have any rheumatism?—Never.

4570. Are you quite sure that you never took any mercury at all?—I am quite sure of that.

4571. What is your age?—I think, as nearly as I can remember, that I am 33.

4572. Had you been leading a steady life or otherwise before you contracted the disease?—I was in Australia for a number of years, and I never was given to drinking, nor dissipated in any way. I can now take my tumbler or toddy with any of them.

4573. Was the climate very fine at Christiania?—We had beautiful weather; very fine; but it was very cold when I left; there was a very severe frost.

4574. Do you recollect when you left?—I left on the 1st of December.

4575. When did you go there?—In the end of July. I was there for four months and a half.

4576. In what part of Scotland did you live; was it a very bracing place?—Very much so; within fifteen miles of Edinburgh, in a nice healthy place, within a mile and a half of a town.

[*On examining the penis, a depression was found of rather a large size, occupying the situation of the frenum, but no induration whatever.*]

The witness withdrew.

Erasmus Wilson, Esq., F.R.S., examined.

Mr. Wilson.

13 June, 1865.

4577. *Chairman.* You are very familiar with diseases of the skin, and you have had large experience in the treatment of them?—Yes.

4578. How many years' experience have you had?—Somewhat more than twenty years.

4579. Among other varieties of disease have you had opportunities of seeing varieties of syphilitic diseases, whether in children or in adults?—Yes.

4580. In the form of eruptions chiefly?—Yes; eruptions and affections of the mucous membrane of the mouth.

4581. Any other forms?—Those are the chief forms; the other symptoms have been concurrent symptoms, such as neuralgia and affections of the bones.

4582. What has been the youngest age at which you have had an opportunity of seeing a case of syphilitic eruption?—A week or ten days, the disease having existed at birth.

4583. Can you, as a rule, readily distinguish a case of syphilitic eruption from other forms of the disease?—Yes; with great ease, perhaps not entirely from its own characters, as the knowledge that I have of other diseases enabling me to say that it is not any of those.

4584. Negatively?—Yes.

4585. Have you seen these cases frequently?—Very frequently. I have observed that they occur in the proportion of 3 per cent. of all diseases of the skin that come before me.

4586. Do you think that there is any difficulty in distinguishing syphilis from struma?—None.

4587. You think that the line is sufficiently well marked?—Yes, it is, except in a very few exceptional cases; as a general rule it is distinctly marked.

4588. As your opportunities of acquiring knowledge have been very great, and can only probably have been obtained by the observation of a large number of cases, looking at those members of our profession who have not special opportunities of forming opinions, do you think that, as a rule, there is not often with them some error in diagnosis?—I am sure that the errors are frequent, and that many cases of syphilis in the skin are overlooked, and are conceived to be something different from what they are.

4589. Do you find them, for the most part, amenable to treatment?—Very much so.

4590. In what proportion of cases do you effect a cure?—I should say that nine-tenths of them are cured; all are curable, I believe, by the whole of the ordinary processes. They yield and get well, and one does not hear anything more of them.

4591. Referring to the disease in an adult; you are occasionally, I presume, consulted by adults for eruptions which you consider syphilitic?—Yes.

4592. Have you been in the habit of tracing them back to their origin; that is to say, have you generally found that those eruptions have been preceded by the primary disease?—Yes, constantly.

4593. Suppose a case presented itself to you, the roseolar eruption, or any other form, in an adult, and you could not ascertain from the patient that there had been positive evidence of a primary sore, what should you think?—My familiarity with these eruptions is such, that I never ask a patient a question upon the subject of syphilis. If I am pressed for an opinion, I say, "You have syphilis;" and although the patient may answer and say that he has never had syphilis in his life, I may find within a few minutes that he is ready to admit it. But I rather tell him that he has syphilis, than leave him to explain, in answer to any enquiry I make, that it has originated from syphilitic sources.

4594. As a rule you do not trace the disease back to a primary sore; I thought you said you did?—I meant, by tracing it back, that in my early days of practice I was in the habit of doing so, but I no longer find it necessary. It has happened to me, in some few instances, that I have said "This is syphilitic," and then I have discovered, after careful conversation with the patient, that I was wrong; but these cases are so very rare that they are quite exceptional.

4595. Do you employ mercury?—Yes.

Mr. Wilson. 4596. Moderately, as we should term it, or largely?—Moderately. I always have it under command.

13 June, 1865. 4597. In what form do you administer it?—Either Plummer's Pill, or the proto-ioduret of mercury, in doses never exceeding one grain.

4598. In what dose do you give Plummer's Pill?—The ordinary five-grain pill once or twice in the day.

4599. Do you affect the gums?—I do not seek to affect the gums; I seek to cure the disease. Frequently, when the disease is approaching a cure, the gums are tender; and the case gets on more rapidly when there is a feeling in the gums.

4600. Do you believe that society at large is tainted by syphilitic diseases, or do you find that the syphilitic disease is not limited to the poorer classes?—It is extensive; but I look upon it as so manageable a complaint, in comparison with other diseases of the skin, that it is always a source of pleasure to me when I have to deal with syphilitic disease.

4601. Have you read the Contagious Diseases Prevention Act?—No.

4602. Do you think that if strenuous efforts were made by the Government to arrest the disease by registering women, or keeping them under medical control, a check might be put upon the spread of the disease?—Possibly.

4603. *Dr. Babington.* Do you find that syphilis is more common than it was twenty years ago?—I think not.

4604. You do not think it is on the increase?—No.

4605. What is the average length of your treatment for secondary symptoms, in a general way?—One month or six weeks.

4606. Do you find that the dry eruptions are more easily cured than the moist, or the contrary; or is there any difference?—There is a difference, because the moist eruptions imply a phagedenic character, and there is a dyscrasy, which is more difficult to control than a simple eruption.

4607. Such cases are more obstinate?—Yes.

4608. Do you use mercury externally for them?—Yes, whenever I can apply mercury externally.

4609. In what form do you apply it?—Sometimes in the form of a plaister; but generally ointment, or inunction.

4610. Do you ever use it in a bath or vapour?—No, that is troublesome in English society, and it is not suitable to private practice.

4611. Have you any faith in sarsaparilla?—As a drench, and as a means of diffusing the iodide of potassium through the system, I think it very valuable. It is a medicine which the stomach will tolerate better than any other, and it can be taken down in large draughts, that being the form in which iodide of potassium is most effectual.

4612. Do you use supporting treatment when your patients are undergoing the mercurial course?—Always a supporting treatment. I let them eat and drink as much as they wish.

4613. Not spirits, I suppose?—I let them follow their usual habits in every way. I conceive that that is the most proper mode, regulating any excess which they may commit by medical means.

4614. Have you seen hereditary syphilis in children several years old appear for the first time?—Yes, I have, in the form of struma.

4615. You have considerable faith in iodide of potassium?—I consider that it is one of the most valuable medicines.

4616. Do you think that the complaint can be cured by it, or only ameliorated?—It is equal to the cure of the complaint, when properly managed; but it loses its influence on the constitution at the end of ten days, or thereabouts, and requires to be increased in dose every ten days, to bring about its curative effects.

4617. Do you accompany it with the use of mercury?—I combine it with mercury.

4618. And give it at the same time?—Yes.

4619. *Dr. Balfour.* Do you find that patients who are suffering from syphilitic skin diseases are subject to frequent relapses?—Yes, they are.

4620. Have you seen any cases in which a patient was completely cured, and appeared to contract the disease a second time when you conceived that the constitutional affection was not a relapse, but a fresh attack of disease?—No; I have never seen anything of that kind. I have always attributed the second attack to a return of the secondary disease in a new shape.

4621. Do you find that many other skin diseases arise from syphilis besides those which you consider to be strongly characteristic of, and dependent upon, constitutional syphilis?—I believe that struma has its origin in syphilis, and I believe that the lepra vulgaris of Willan, the Alphos of Celsus, the psoriasis of the present day may also be hereditary syphilis.

4622. In saying that you consider struma to arise from syphilis, you mean some cases of struma; not that it is invariably dependent upon syphilis?—I suppose not invariably.

4623. *Dr. Donnet.* In what form do you use mercury externally?—The unguentum hydrargyri nitrico-oxydi, or unguentum hydrargyri ammonio-chloridi, and sometimes a lotion of the bi-chloride of mercury when the eruption is extensive.

4624. To what extent do you carry your treatment by mercury?—To the extent of producing a slight tenderness of the gums, and to the extent of keeping within the limits of my patient's comfort. I never allow him to be discomforted in the slightest degree by the treatment. I believe that mercury loses its power when we lose our control over it.

4625. Have you seen any bad effects result from the use of mercury?—Never. I believe I have never salivated a patient in my life.

4626. *Dr. Wilks.* What is the latest age at which, in a child, you have seen syphilitic eruption when congenital?—I do not think I have seen a case later than within the first twelve months, or later than the first seven or eight months.

4627. I think you stated that, in your opinion, the disease is either cured, or dies out, beyond that period?—Yes; it is either cured or it dies out in early periods of life; in the very early weeks of life syphilis is very destructive; it is apt to destroy life.

4628. Do you find it difficult in adults sometimes to distinguish between syphilitic lupus and strumous lupus, or would you care to make a difference?—I should care to make a difference, because that is the nicest bit of cutaneous pathology that one could have before one. I recognise a great distinction between the early periods of syphilis and the hereditary condition of syphilis; the disease seems to be so altered in its nature, that the remedies which are applicable to the one form would be actually injurious in the other form.

4629. You would say, as a matter of general experience, that it is often difficult to distinguish syphilitic lupus from scrofulous lupus?—Yes, decidedly it is difficult.

4630. But it is important to distinguish them on account of the treatment?—Yes.

4631. *Chairman.* Have you had any experience of the Zittmann treatment?—Yes.

4632. What is the result of your observations upon that?—The result is, that a patient with the very worst form of syphilis, the most irritable

Mr. Wilson. form, in which mercury cannot be given, seems to be entirely cured at the end of ten days.

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4633. You say "seems to be?"—I would say cured, because I have known instances in which the disease has never returned. Sometimes it is necessary to repeat the Zittmann treatment, a second or third time, after an interval of some months.

4634. *Mr. Spencer Smith.* Would you use it to commence with?—No; I should find so very few patients who would consent to lie in bed. I must find a patient whose occupations would allow him to remain in bed, before I suggest the Zittmann treatment; otherwise I would.

4635. It is a combination of sweating, purging, and starving?—Yes.

4636. *Dr. Balfour.* How do you reconcile the starving treatment with the treatment you have adopted?—The patient is in bed undergoing no exertion, and requiring little for his maintenance and the comfort of existence; he is fed quite up to his necessities in that respect; he has one cutlet a-day, a cup of tea and toast in the morning, and the same in the evening, and he finds that sufficient.

4637. It is on the principle of depletion, is it not?—Yes, but the patients come out of it without any fatigue; and in one or two instances I have found people so fascinated by it, that they have put themselves under the treatment without my knowing anything about it, and in very bad cases indeed.

4638. What are they purged with?—Senna.

4639. By what means are they made to sweat?—A quantity of fluid; nothing specially sudorific. The quantity of medicine which is taken in a day is two quarts; one quart warm before twelve o'clock in the day, and the other quart cool before bed time.

4640. Do you approve of the Zittmann treatment?—Yes, but not as a substitution for the ordinary every day treatment.

4641. Is there any other observation that you would wish to make, bearing upon the subject of this enquiry?—No.

The witness withdrew.

Friday, 16th June, 1865.

Present:

Mr. Skey, F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

Dr. Patrick Heron Watson (Surgeon to the Royal Infirmary, to Chalmers' Hospital, to the Eye Infirmary, to the Magdalen Asylum, and to the Lock Hospital, Edinburgh), examined.

Dr. Watson. 4642. *Chairman.* Have you seen a good deal of syphilitic disease?—I have.

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4643. Do you divide sores into hard and soft; or, into constitutional

and local?—I divide them into hard and soft, those two forms being synonymous with constitutional and local. *Dr. Watson.*

4644. The inguinal glands being involved in either case present very different characters?—Quite so, in the one instance where the sore infects the constitution, the whole chain of glands on both sides of the groin are expected to be infected, indurated, and slightly enlarged, but in the case of the soft sore, either none at all are affected, or only one, and that which is the nearest to the sore. 16 June, 1865

4645. Does the gland, which you say is affected in the case of a soft sore, commonly suppurate?—Not necessarily, for in some cases an apparently soft sore produces simply a so-called sympathetic irritation; but in any case where the purulent secretion of the sore has been absorbed into it, suppurative results infallibly occur, and the matter obtained from the interior of the gland will afford positive results on inoculation.

4646. Will you explain that a little more?—I mean that on inoculating with the matter taken from the interior of the gland, a chancre will be formed presenting the same character as the soft sore which existed originally.

4647. Do you mean that that goes through the same routine?—Yes, it presents the same phases if left to itself, and will in most cases be extremely tardy in assuming anything like a healthy action.

4648. You are now speaking of a soft sore?—Yes.

4649. Have you seen secondary disease frequently, or occasionally, follow a soft sore and a suppurating bubo?—I have seen it accompanying it in rare and exceptional instances, but in all the instances where I have met with such a sequence I have either so far doubted the accuracy of the diagnosis or have believed, from further investigation, that an indurated sore had pre-existed, or supervened on the date of the soft chancre.

4650. That would be based on previously formed opinions?—No, upon personal observation.

4651. You have a soft sore which is followed by a secondary disease?—Which is accompanied by secondary disease.

4652. Would you not say "followed;" are they concurrent?—Followed, implying sequence in time, I admit, but not as cause and effect.

4653. But it is exceptional, is it not when secondary disease occurs after it?—Quite exceptional.

4654. Then you say, finding secondary disease, you are induced to suspect that the sore may have been a hard sore?—I am induced to reconsider my diagnosis.

4655. Which you would not do if there had been no eruption?—No.

4656. How frequently have you seen secondary disease the accompaniment, or the sequence, of a soft sore?—I do not think in more than two instances within the last six years, in which I have had an opportunity of investigating the sore itself, and I have not had to depend merely upon the patients' account of it.

4657. Is the occurrence of the secondary disease less or more common as a consequence of suppurating glands, or of a soft sore alone?—I would say that my experience of such circumstances has been so small that I can hardly form an opinion as to it.

4658. It is very rare?—Yes.

4659. Have you observed the different periods of what is termed "incubation" in a hard and soft sore?—Yes, depending upon the patient's account of the period at which he or she was exposed to infection.

4660. If that account were given by a large number of persons having no motive to deceive you, would it not go far to establish a belief in your mind that the period of the incubation was very different?—It has estab-

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lished that belief in my mind; but there are instances where you cannot define a date with accuracy, for you find a patient sometimes with a sore, declaring that he is unable to assign any occasion for having contracted such a sore; but upon putting another question to him, namely, how often he has been drunk within the last five weeks, you then generally find that the period at which you are thus able to trace the possibility of such an occurrence having taken place without his consciousness, is about three weeks antecedent to the appearance of the sore.

4661. Have you ever seen induration without ulceration?—In one instance I noticed it very distinctly. A man came to me with a nodule in the prepuce, with a very slight enlargement of the glands in each inguinal chain, and in the centre of this nodule there was a separation in the scarf-skin of the slightest kind; there was certainly no ulceration, properly so-called, no discharge, no crust. I desired him to let me see him again in three or four days; he did so, and then I found that a superficial greyish ulceration had developed itself, and the induration had extended commensurately with the extension of the ulceration; the induration here was the precursor of the ulceration.

4662. When you find induration, with or without ulceration, you look with tolerable certainty to the occurrence of secondary disease?—Yes; at the same time investigating the condition of the glands in the neighbouring chain. If I find that those tally with the appearances of induration in the part where the sore or knot is, I should certainly expect secondary disease to occur.

4663. But suppose they do not tally?—Then I should reserve my judgment, asking, however, this question, whether any irritating applications had been made to the part; the patient, for example, applying nitrate of silver to the sore; and had such been made, then I should think in all probability that the hardness around the site of the sore would be due to this.

4664. Can you not discriminate between the thickening consequent upon local irritation from external causes and specific induration?—I think I can; I believe it is rare that you cannot; but I believe that if a patient has tampered with a sore, you sometimes require to suspend your judgment if you find that the glands in the chain are not characteristically indurated at the same time.

4665. Do you use mercury largely in the treatment of the primary disease and the secondary disease?—At one time I did use mercury considerably in the treatment of all that I believed to be indurated primary sores.

4666. And for the soft sore?—That I regarded as a simple local disease limited by the first gland in the neighbouring lymphatic chains, and requiring nothing more than local treatment.

4667. How did you regard the indurated sore?—I regarded that from the commencement as a constitutional disease.

4668. Your treatment of it requiring to be both local and constitutional?—Yes.

4669. You stated that you formerly used mercury largely; what is now your practice?—I have been in the habit of doing two things; one is, to leave the case, except locally, entirely to a spontaneous issue; and the other has been in a considerable number of cases to employ "syphilisation."

4670. Neither of them including treatment by mercury?—No.

4671. I will take the first,—leaving the cases to their natural issue; what has been the result?—Generally at the end of about six weeks a papular eruption of a roseolar character has manifested itself upon the surface of the trunk, sometimes so slight as to escape observation, espe-

cially where the patient, unsuspicious of such a result, has come back to see you after the lapse of a certain time. Then if you ask him, before he uncovers his surface, whether he has any eruption, his frequent answer is, "no;" but upon examining the trunk you generally have no difficulty in at once recognising the presence of these eruptions. At the same time there is an enlargement of the cervical chain of glands, especially in leuco-phlegmatic patients; from their situation they are readily recognised, more especially in the instance of females. If left entirely to itself, except under certain special circumstances, the eruption tends, within a period of four months, to fade, either altogether or so completely, that litttle else than a slight discoloration of the true skin indicates where it was; the glandular affection is more persistent, and rarely undergoes any decided modification in a shorter period than two years.

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4672. You consider that those patients are cured at that date, supposing it goes on, and the glands subside at the end of two years?—think so. My opportunities for forming an opinion as to that have hardly been so sufficiently prolonged as to enable me to say so absolutely; but certainly in several cases which I have watched with great interest, I have seen no further symptoms develop themselves. I have seen the induration of a sore grow gradually less and less, and commensurately the induration of the glands in the groin become similarly diminished.

4673. Are the cases which you have now quoted confined exclusively to the lower class of occupants of hospitals?—No. I have noticed it in the cases of medical students and others, who having, from the teaching of some of the Professors in Edinburgh, acquired a horror of mercury, and having no confidence in iodide of potassium, and not, for certain reasons, desiring to be syphilised, prefer that nothing should be done whatever.

4674. Have they got well?—Yes; so far well.

4675. Have you seen this in many cases?—No; only in a few cases.

4676. Can you mention the number—half-a-dozen?—Certainly in more than half-a-dozen cases.

4677. Are they the only cases in which you have tried it?—Yes.

4678. Leaving it entirely to nature?—Yes.

4679. And may I say you endeavoured to maintain the health in its full vigour?—Certainly; employing means for that purpose. Because syphilitic patients are in a state of extreme anemic enfeeblement during the period when the eruptions commence first to develop themselves.

4680. Now I will take the other branch of your statement. You say you have used mercury?—Yes; I have used it extensively in every different way in which it is usually employed; by the internal administration of it in the various different forms and combinations; by inunction; in the form of a vapour bath, locally and generally; and while certainly no treatment produces such rapid and speedy effects, I am by no means confident that such treatment, even when carried on with great care and precaution, to the extent of obtaining a subsidence of all apparent symptoms, even including the induration of the sore and the induration of the glands in the groin, will save the patient from the recurrence of a relapse, not in the same form as the original eruption, but presenting a different aspect.

4681. Do you consider that mercury exercises a prejudicial influence upon the constitution to the extent of compelling you to forego it, because it does not absolutely cure the disease?—I do not think so; because I have seen in many instances patients, who have taken enormous quantities of iodide of potassium for the treatment of syphilis,

Dr. Watson. and in whom, so far from their general health improving, it had become very much deteriorated, derive from the employment of mercury the most signal benefit both as regards their general health, and as regards the state of the eruptive affections upon the surface.

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4682. Do you think that under any circumstances most favourable to it, syphilis, or any form of syphilitic disease, may arise spontaneously in the system?—Without intercourse?

4683. No; but without intercourse with a woman who is supposed to have the disease; in other words can it only be obtained by a man from a diseased woman?—I have no facts upon which to found an opinion as to that point.

4684. Does it extend to a soft sore, or do you believe that a soft sore is capable of arising spontaneously, or that it may be obtained by contact?—I would not deny that; but at the same time I should think that in a large proportion of cases it was certainly due to contagion.

4685. Do you consider the secondary disease communicable?—I have never seen it occur, but at the same time I have no reason to doubt that it is so.

4686. Do you believe that an attack of syphilis gives exemption from a second attack in the same person?—I think so.

4687. When you say that you think so, have you strong grounds for believing it from any practical observations?—Yes, I have, from cases in which I have seen patients who have suffered from syphilis and who have recovered from it, who have then contracted a sore, and the sore has presented characters, which certainly were those of an indurated sore, but in which no accompanying glandular enlargement shewed itself, and in which no eruptive affections manifested themselves; I admit that, so far as the induration was concerned, it may have been a mistaken diagnosis of mine.

4688. I do not think you have stated clearly your present treatment of the secondary disease?—It is by syphilisation.

4689. How long have you practised that mode of treatment?—Since 1862.

4690. In your public practice or in your private practice?—In both; not in all private cases, and not in all public cases. I have already said that in some of them no treatment of any kind has been adopted, and in others of them no treatment, except of a purely local kind, and that treatment of a purely local kind being of the nature of the application of black wash, calomel, or blue ointment to the sore.

4691. Have you practised that pretty largely?—I have; and I have a note of the names of those cases that I can at present recall to memory. I find that I have noted down 15 cases in private practice of gentlemen in whom I have employed it.

4692. And I suppose many more than that in public practice?—Yes.

4693. What is the impression on your mind as to the efficacy of the practice?—That the result is remarkably satisfactory.

4694. Do you adopt the same manipulation and the same practice as Dr. Boeck of Christiania?—In so far as the inoculation is concerned, but not in so far as he alleges that he employs matter derived from an irritated indurated chancre; I have never employed anything but the matter taken from a soft chancre.

4695. You believe, I presume, in the unity of the venereal poison?—I do not.

4696. Then how do you account for the matter of the soft sore giving exemption from the syphilitic disease?—My belief is that it acts as an eliminant of the poison, which is somehow stored up in the system,

it may be in the same way that a seton, or as an issue introduced into the soft parts of the body might produce a similar effect.

4697. And nothing more?—I have no grounds to believe that it is anything more, as I do not believe that the soft sore and the indurated sore are one and the same.

4698. In examining into the case of a person who appeared here the other day, from the practice of Dr. Boeck, we were informed that the pustules which were produced by the first inoculations were larger in proportion than those which followed, the subsequent ones diminishing in magnitude, and the scars upon the person's body confirmed that statement, so far as his word went, that is to say, he pointed to two or three scars on one side of his chest, and said that those indicated the places where the first pustules were formed, and then to the other side of his chest, and said that the scars there indicated the last. How do you account for the difference in magnitude, and the difference in the activity of the earlier inoculations over the later ones?—I am not able to account for that; I am aware of the fact, and find it to be so with the employment of the matter of the soft chancre; and furthermore, that the matter taken from the most trivial inoculation, in a person who has been inoculated through a considerable series, will produce the most considerable effect, if you begin with it in another person.

4699. Or in another part of the same body?—Yes; according as you begin in the thighs, or begin in the arm.

4700. If you take the matter from a very minute pustule on the chest and inoculate with it in the arm, it will produce pustules, may I say, of a magnitude equal to those produced in the early inoculations?—Yes; unless a long series of inoculations have been made.

4701. And the same with regard to the thigh?—Still more so with regard to the thigh.

4702. Have you thought a good deal about this?—Yes; but I cannot give any satisfactory solution of it.

4703. Have you had an opportunity of ascertaining that a patient who had undergone an entire process of syphilisation, became, within a certain period of time, exempt from syphilitic poison?—I have found this in the Lock Hospital among the females generally, that while they constantly came back into the hospital on account of a recurrence of the soft sores, or condylomata: those patients whom I had syphilised in 1862 have never entered the hospital with anything else but gonorrheal affections.

4704. That would be for a period of three years, supposing you began in 1862?—Yes.

4705. May I quote three years ago as the date of your earliest experiments?—Yes.

4706. Have you used syphilisation in the case of some patients who had been previously treated by mercury?—I have, in some cases which have been previously treated by mercury, resorted to the employment of syphilisation on account of the extreme tendency to the recurrence of tertiary affections of a destructive type and very little amenable to treatment; in those cases I have found the most satisfactory results from the employment of syphilisation, but, at first, in those cases there is an extreme difficulty to inoculate with the matter of the soft chancre.

4707. Am I to understand you to say that those tertiary symptoms occurred in patients whom you had treated with mercury?—Yes.

4708. And that the mercury did not cure the tertiary symptoms?—It did not.

4709. On the contrary, the tertiary symptoms were of rather a formidable character?—Very formidable.

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4710. Under those circumstances you subjected those persons to treatment by syphilisation, and you held in check, as I understand you, or you cured, the tertiary symptoms?—Yes; and that, while, on previous occasions, a temporary check to the tertiary symptoms might occur from the use of iodide of potassium, combined or not with mercurials, and the disease had always again recurred, since syphilisation was employed in those cases no recurrence of such symptoms has taken place.

4711. What do you mean by tertiary symptoms?—The ulcerative affections which are due to the syphilitic poison.

4712. What ulcerative affections do you mean?—Superficial and deep seated, both; both those involving the skin and the mucous membranes in destructive ulceration, attended with puckered cicatrices, and also those in which the cellular tissue was affected.

4713. You do not include nodes or iritis?—Not the early forms of nodes, nor the early forms of iritis.

4714. Or necrosis?—Yes, necrosis.

4715. Could you arrest necrosis by syphilisation?—In one case in a female, in whom necrosis of the frontal bone had taken place to a considerable extent, and in which the ulceration accompanying it was extending, the surface of the bone came away after the commencement of syphilisation, the whole ulceration of the forehead completely healed up, and there has since been no tendency to its recurrence. This patient had previously been under my care at intervals during the last five or six years; but this affection manifested itself again and again, and although the patient was temporarily improved by the use of iodide of potassium, the disease had always recurred, with very short intervals of freedom from it.

4716. Do you consider the tertiary symptoms a link in the chain of syphilis, or are they to be considered rather as the result of long standing disease and of the ordinary remedies used in a damaged constitution?—I believe, from what I have seen of the disease, left to itself, that with the roseolar eruption on the surface, it usually comes to an end, and exhibits no further manifestations; in cases, however, which are left to themselves, so far as mercury is concerned, but treated with iodide of potassium, I have seen the most serious and fatal tertiary symptoms.

4717. That does not exactly meet my question, which is this, whether you consider tertiary symptoms part and parcel of the syphilitic disease, or whether it is not a state of the constitution caused by great deterioration, or damage done to the system?—I never saw tertiary symptoms occur in any one, except in those whose constitution was damaged from some cause, and from what I said as to the progress of secondary syphilis in cases seen from the first, and untreated, except locally, from the first, I do not think they are likely to occur. I should not wish to be supposed to mean that tertiary symptoms are necessarily the result of the administration of mercury.

4718. Do you treat a large proportion of your cases by syphilisation?—Latterly I have done so.

4719. You do not specially discriminate the cases in which mercury has been employed, and in which it has not?—On the contrary; in some cases knowing that mercury and other means have been largely employed, and the patient has not improved, I resort to syphilisation, expecting that more satisfactory results than have been previously obtained will follow from the use of syphilisation.

4720. You think that the previous use of mercury does not imply that the syphilising principle should not be applied?—Not at all.

4721. Are you aware that Dr. Boeck so considers it?—Yes, I am aware that he does.

4722. You do not agree with him in that respect?—No. I have found in tertiary cases where mercury has previously been used, that most satisfactory results follow from it.

4723. Inoculation with the matter of a soft sore may cure, as you suppose, as far as the history goes, by elimination?—Yes.

4724. But how does that render the person exempt from syphilis, if the two poisons are distinct?—Do you allude to the preventive use of inoculation, or to curative inoculation?

4725. The curative, that you adopt for syphilisation. I understood you to say that you did not inoculate syphilitic patients with any other matter but that which you obtained from a soft sore?—Yes.

4726. I understood you also to say that you considered the virus of the soft sore distinct from that of the hard sore?—Yes.

4727. Then I ask what explanation can you give as to how it should render a person exempt from syphilis, if the poisons are distinct?—I have no other explanation than to suppose that it is simply eliminative, and that it hurries the syphilis through by normal evolution.

4728. But it hurries the wrong poison?—I do not think I quite understand you. I regard the poison of the soft chancre as purely a local one as regards the effects it produces. I mean a purely suppurative one. I regard the suppuration, produced by that means, as eliminative of the constitutional disease.

4729. But if there are two poisons you have no means of getting it on; you use the matter of a soft sore, but I do not see how that renders the patient exempt from syphilis hereafter, because the syphilitic poison is a distinct poison with which it has no relation?—I call a hard chancre syphilis; but this is not syphilis, this is a soft chancre. I have employed tartar emetic also for the same purpose.

4730. That is, locally?—Yes.

4731. And have you produced large pustular affections?—Yes, pustules and sores.

4732. With what effect?—With an effect also upon the eruption, pretty nearly the same as that produced by the matter of the soft chancre, but it is an inconvenient means of producing the effect, as it very often produces symptoms of poisoning with tartar emetic; and also because it gives rise to far more local irritation, as a rule, than the employment of the matter of a soft chancre.

4733. There appears to be this difference between you and Dr. Boeck, that you believe in the duality, and he believes in the unity of the syphilitic poison?—Yes.

4734. He takes the poison from the indurated sore; and he syphilises the patient; and renders him exempt from a recurrence of the same poison which you call syphilis?—Yes.

4735. You say that there are two poisons, and you inoculate with the one, and render the patient exempt from the other. Is not that a tolerably strong argument in favor of the unity of the poison?—Not necessarily. I think you might as well argue, that because you inoculate with tartar emetic, and you find that in a similar way you render the patient free from the development of the syphilitic poison, that, therefore, tartar emetic and syphilis are one, and that there is a unity in them.

4736. If you take the poison from a soft sore and syphilise a patient who has secondary disease?—I call that "chancre-ising."

4737. You inoculate with this matter of the soft sore, and it cures syphilis?—At least the syphilitic manifestations disappear under it.

4738. And you consider your patient exempt as far as the experience of three years has gone?—Yes, exempt from any return of syphilitic

Dr. Watson. manifestations; that is to say, secondary or tertiary syphilitic affections. I also consider him exempt from again contracting syphilis; not in virtue of the inoculations, but of the syphilis he has already suffered from.

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4739. Have you tried inoculation on the genitals of a male after syphilisation?—In one instance, in a patient whom I was inoculating; in whom, however, the inoculation had not come to an end, and who, at the commencement of the inoculation, had been in extremely debilitated health, spontaneously contracted a sore on the genitals; but I never tried artificial inoculation on the genitals. I have no doubt that from the thigh being more susceptible than the trunk, probably on the genital organs we should see a greater amount of irritation from a soft chancre than on the thigh.

4740. *Dr. Balfour.* Do you confine your treatment by syphilisation to cases of constitutional syphilis, and in which the constitutional manifestations are evident, or do you treat the hard chancre before the constitutional symptoms show themselves?—I treat the hard chancre purely locally, and I wait until the constitutional symptoms show themselves.

4741. Have you ever inoculated a patient with the matter of a common ulcer, not a soft chancre; for instance, the matter from a stump, and tried the effect of that?—Yes.

4742. What was the effect?—None at all.

4743. Does such inoculation produce a pustule at all?—Not unless some extreme irritation has been resorted to to make it do so.

4744. Then the success of the inoculation depends upon the specific quality of the matter of the soft chancre?—I believe it does, and which that matter has a great tendency to lose; nothing is more difficult than to keep the virus of a soft chancre for any time above twenty-four hours, so as to employ it for inoculation purposes. It, however, can be done by placing the matter in a glass cell, such as is grooved on a slide for microscopical purposes, and then laying on another slide of glass on the top of it, glycerine having been applied upon the flat surfaces of the slides, so as to exclude the air.

4745. Do I understand rightly that the result of your practical observation is that inoculation from common matter does not produce at all the same series of changes, as inoculation does from the matter of a soft chancre?—Certainly.

4746. Can you give the Committee any special information as to the relative proportion of the hard and soft sores?—The proportion of the soft to the hard sores is, I should say, two or three times greater; nearly 3 to 1.

4747. Have you, in your experience, at the Lock Hospital, had any opportunities of tracing a connexion between the sores to this extent, that sores produce their like?—No, for the Lock Hospital in Edinburgh is used entirely for female patients.

4748. You have had no opportunity of testing it?—No; I have not.

4749. You served in the army for some years, and had opportunities of seeing venereal diseases there?—Yes, I was at Woolwich.

4750. Have you formed any opinion as to the best mode of preventing the spread of venereal diseases in the army?—I believe that a more frequent and a more thorough system of inspection than they have at present, or at least, I should say, than was adopted when I served, the better, as I think it would be of the greatest value as a means of checking the spread of the disease.

4751. Was the system of weekly inspections as followed when you were in the service not successful in checking the spread of the disease?—It was not; but any means regularly carried out, I think, would have

that effect. When I was at Woolwich 70 per cent. of all our sick were in hospital with venereal disease. *Dr. Watson.* 16 June, 1865

4752. Do you attach much importance to ablution as a means of prevention in the army?—I have no doubt that it is most important, and most essential as a means of preventing local irritations occurring, which, causing abrasions on the surface, will render a person exposing himself to the matter, liable to get either a hard or a soft chancre.

4753. Do you think that increased facilities for ablution could be easily introduced into the service?—I believe that unless you could inoculate the men with the idea that they should adopt that practice, you might give them any facilities you please, but they would not make use of them.

4754. Were you, while in the army, able to trace any connexion between cases of syphilis, and the subsequent development of such diseases as phthisis, and scrofulous diseases?—I am quite confident that in several patients, I cannot speak accurately as to the number, I observed the rapid development of phthisis occurring as a consequence of syphilis. Especially tuberculosis affecting the pleura. Pleurisy being furthermore acknowledged to be not at all an uncommon accompaniment of secondary syphilis.

4755. *Mr. Cock.* Do you consider it a matter of great importance during the treatment of syphilis, however it may be treated, to maintain the health and strength of the patient?—Yes.

4756. And that perhaps many modes of treatment often fail because they are commenced when the patient's constitution has become impaired by debauchery and other depressing causes?—Yes; but at the same time I believe that a patient in such a case is more likely to recover under some kind of treatment even if he be extremely debilitated, than under no treatment at all. I have seen simple tonics produce that good effect; I have seen mercury produce that effect; and lastly, I have seen inoculation from soft chancres produce a like effect.

4757. That has the effect of improving his constitution?—Yes.

4758. In what cases do you give iodide of potassium?—I have never extensively employed it except in cases of so-called tertiary symptoms.

4759. Do you consider the employment of iodide of potassium generally beneficial?—Not in either the primary or the secondary affections, but in those affections of the bones and skin, the cellular tissue and the muscles, and the internal organs, I think it certainly does produce a decided effect.

4760. Have you ever found that it lowers the constitution if it is carried on for a length of time?—Yes, I have.

4761. Have you ever seen any of the effects which are called tertiary, produced by a very long continuance of large doses of iodide of potassium?—Yes; I remember one patient who was never treated with anything else but that, who had taken it for a long series of years, and who died ultimately of an affection of the base of the cranium of a tertiary type.

4762. *Dr. Donnet.* What is your opinion of escharotics in the treatment of primary sores?—In the case of a soft sore they certainly check its progress, if the first gland in the lymphatic chain is not affected, and it will then save the patient from a bubo. In the case of a hard sore, the effect of escharotics (and by escharotics I do not mean nitrate of silver) is to extend the irritation, to increase the induration, and to render the progress of the case more tardy, while I suspect it does not render the sore incapable of communication to another.

4763. Have you ever tried the matter from a suppurating bubo in your treatment by syphilisation?—Yes, I have used it on several occasions.

4764. Does that produce the same effect as matter taken from a soft

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sore?—If the suppuration is from the interior of the gland and not from the exterior of the affected gland.

4765. Have you ever attempted to destroy a suppurating bubo by escharotics?—Frequently; I always do when it presents the characters of a soft chancre.

4766. Do you succeed in destroying the auto-inoculability of the matter?—Yes, if the caustic is thoroughly applied.

4767. What are the escharotics that you use?—Caustic potash for the most part; in some cases, however, a saturated solution of the perchloride of iron, an acid solution.

4768. I believe you entertain the opinion that syphilisation only acts as an eliminant?—That is my theory.

4769. Would vaccine matter, if used, produce effects similar to those of inoculation with the matter of a soft sore?—Not a single inoculation.

4770. Supposing vaccination were repeatedly used?—I should doubt the possibility of obtaining repeated inoculations with vaccine matter.

4771. If blisters were applied to the skin, and encouraged to suppurate, would they serve the same purpose as syphilisation?—I have tried them in one or two cases, and they seem to exercise an effect upon the part within the range of the blistering, but not materially, so far as I have carried them, upon the general surface of the trunk.

4772. Have you heard any complaints made by individuals, who have undergone treatment by syphilisation, on account of the numerous scars produced?—Yes; sometimes in females. In some few it has been from the pain produced by the sores during the first fortnight.

4773. In the enlargement of the cervical glands, which you have observed in syphilis, was there any eruption on the scalp, or any sore throat?—I have observed it before either eruption on the scalp or sore throat manifested itself.

4774. *Mr. Quain.* You have spoken of the time that syphilitic disease would take to subside when not submitted to any plan of treatment?—Yes.

4775. You have also spoken of the treatment by mercury; have you found that the treatment by that medicine abridges the duration of the disease?—Certainly; and it produces the most rapid effects in causing the eruptions to disappear; but, at the same time, I would say this, that I should not feel confident, in the treatment of these cases by mercury, or otherwise, that the patient would be free from the risk of a recurrence of the eruptive affections for many years after contracting the original sores.

4776. Do you believe that a person sooner acquires immunity from a recurrence of the disease by syphilisation than by treatment with mercury?—I do think so.

4777. Have you had any experience of inoculation with matter taken from a hard sore irritated in the way that Dr. Boeck speaks of?—I have tried that on several different occasions; but to me it seemed that unless the irritant was of the nature of cantharides, or savin, or something capable of producing an irritating pus, it produced no influence upon the matter of the sore. I have tried it with dry lint, but I have never succeeded in producing inoculation.

4778. Do you know whether the matter so procured could communicate syphilis in the strict sense of the term to another person?—In one instance in which a patient communicated the disease to his wife, I employed the matter from his sore to inoculate upon himself, and it produced no effect of any kind; that was from an indurated chancre.

4779. Have you read of the experiments made by Auzias Turenne upon monkeys?—Yes.

4780. Do you think that you could test the character of the matter obtained by irritating a hard sore, that is, whether it would communicate syphilis or not, by inoculating a monkey?—I have had no opportunity of judging of that from personal experience. I have tried to inoculate the back of the head of a cat with a hard sore, but I never succeeded.

4781. In practising syphilisation, do you find that the lymphatic glands in the neighbourhood of the sore that you form, become affected?—No; I have never seen that occur.

4782. Have you observed any very extensive sores result from inoculation?—On one occasion I did; it was the case of a patient in whom I had commenced the treatment by the application of tartar emetic, a pustule had formed; the irritation was unintentionally kept up, until apparently the whole of the thickness of the true skin had been destroyed, and a granulating surface was left behind. In him I had a great difficulty in commencing the inoculation with pus from a soft chancre. I accordingly made three punctures on one side of his chest with the matter of a soft chancre; and upon the other side, where there was this granulating surface, I applied to it the matter of the soft chancre, the consequence was that, while the pus where it was inoculated produced no effect, the application of the matter to the granulating surface produced sloughing phagedena, which required active local measures for its arrest.

4783. Was that person in a state of good health?—Yes; but with the matter which I took from this sloughing phagedena, before I destroyed it, I inoculated the other side of the chest, where previously no effect had been produced, and I produced three simple pustules with no phagedena.

4784. When do you stop your inoculations?—When I find that any matter which I can get with which to inoculate the patient fails to produce an effect.

4785. On the average how many times are you obliged to inoculate each patient; or how long do you continue the practice?—In the case of one of those patients whom I inoculated first and saw recently, I noted down that there were ninety-six inoculations in all, six being made each time, three on one side, and three on the other.

4786. How frequently do you practice the inoculation?—Every third day.

4787. Have you read the account of a case which occurred in France of a young surgeon, who inoculated himself two thousand and odd hundred times?—I have.

4788. He, it seems, did not attain to immunity; so that the continued susceptibility to inoculation in his case is not conformable with your observations as to what occurs in the treatment of syphilis?—I believe that after you have ceased to be able to inoculate on one part of the body, you will still be able to produce an effect on another part of the body, and that possibly if you were to consider every situation fit for it, you might carry it on as long as there was any surface left. I say possibly, because I have never tried it.

4789. Have you inoculated upon a surface which had been previously inoculated?—Yes; employing new matter.

4790. With what result?—With the result, after perhaps fifteen or twenty inoculations had been made in the first series, of producing four or five pustules, and not more than seven in the second series, with new matter, and again inoculating with fresh matter after that, producing still fewer, until at last no effect at all was produced.

4791. On how many parts of the body do you consider it necessary to inoculate before you cease?—In some patients I have inoculated the

Dr. Watson. chest from the lower ribs up to the clavicle; then from the groin up to the situation where I had previously commenced, then upon the arm, and
16 June, 1865. lastly, below the fold of the groin. In other cases I have been content with inoculations simply spread over the chest, as being less irritating to a patient, and apparently bringing the process sooner to a termination.

4792. I presume there were altogether fewer inoculations practised in those cases?—Yes.

4793. Have you seen cases of constitutional syphilis in which the only outward signs, besides emaciation, were enlarged glands, ulceration of throat, and falling of the hair?—I have.

4794. And without eruption on the skin at any time?—I have seen patients who have come to me with the throat affected, and with loss of hair, and who have alleged that there had been no affection of the skin, but usually, on examining the surface of the abdomen and the chest, I have succeeded in recognising the remains of a previous eruption.

4795. You do not know of any in which it has been ascertained that the eruption in any form was absolutely wanting at all periods of the history?—I have never seen that in my own experience.

4796. Have you met with such cases in your reading?—I have seen cases under the treatment of others, which have been treated by mercurials from the very earliest stage of the indurated sore, and in those cases which I have seen, they have suffered from no other symptoms, except affections of the mucous surface, and a falling off of the hair.

4797. You have spoken of phthisis as occurring after the constitutional disease more frequently than it might otherwise have occurred. Have you ever examined the internal organs: the lungs, for instance, of a person who died after syphilis, or with that disease; and have you in such a case found any morbid deposit different from tubercles, anything that could be supposed to be directly due to syphilitic disease?—I have seen in patients who died, not within the period of the second stage of the disease, but in the so-called tertiary period, affections of the lungs, the liver, and the kidneys, of an albumenoid nature, presenting round patches in the liver, of a yellowish colour, and cutting like a waxy liver, the nodules being in separate patches, not generally diffused, and giving rise to peculiar cicatrices.

4798. Were you disposed to consider those as the results of syphilis?—Yes, certainly.

4799. You have spoken of the importance of attention being given to cleanliness, and the frequent examination of soldiers as a mode of preventing or diminishing syphilis?—Yes.

4800. Have you turned your attention to the proper examination of females with a like view?—Frequently, both as regards the local results, and to its prevention generally, and also with reference to the possibility of such a system being carried out satisfactorily, and while I can see no difficulty in its being carried out in the instance of recognised prostitutes, I must say that I believe that these constitute but a small part of the sources of contamination which produce disease, both in soldiers and policemen, and in the population at large. Only yesterday, before I left home, I saw a case of indurated chancre. I asked the man where he contracted the disease, and he stated that he was a night policeman, and although he had no great opportunity at night, yet he said that he had contracted the disease from a servant, with whom he had had connection in the course of the day, in a house in one of the most fashionable west-end squares in Edinburgh.

4801. Nevertheless, do you think it advisable that prostitutes should be placed under police regulations, with a view to diminish the amount

of syphilis in the army and navy, and amongst the public at large?—I believe that in an island like Malta, such regulations might be carried out without any great difficulty, because there there is but little chance of fresh importations of disease taking place, the soldiers having been examined before they left this country, and having been examined again on their arrival there, so that they are not likely to carry fresh disease with them. But in Portsmouth, Plymouth, Aldershot, or Woolwich, although such regulations might, to some extent, diminish the amount of the disease, it certainly, in my opinion, would not prevent it. *Dr. Watson.* 16 June, 1865

4802. Would you or not recommend the authorities, if you had the opportunity of so doing, to carry out such regulations as far as was possible?—I would recommend that they should be tried as a tentative measure in some two or three stations, and determine the further employment of such regulations by the practical results.

4803. Do you know anything of the use of syphilisation as a prophylactic?—No.

4804. *Dr. Babington.* You say that in your practice of syphilisation you inoculate every third day?—Yes.

4805. Supposing you inoculate a person on a Monday, when should you inoculate him again?—On Thursday; then on the following Sunday, and on the following Wednesday; it is after the lapse of 72 hours; at the end of the third day or the beginning of the fourth.

4806. At what distance apart do you place the inoculations from one another?—At first at the distance of an inch; the first sores are apt to become confluent if they are put too near; but afterwards, when the effect has been such that you can scarcely coax out a drop of matter, it makes no difference. The only reason why I keep them at a considerable distance is, that they enable me to count them afterwards.

4807. Do all the ulcers proceed *pari passu*, and remain unhealed to the last, or do the first pustules heal sooner than the others?—The first pustules are usually healed before the last; but not much before; the last ones heal up almost at once.

4808. Do you think that the same result would follow if you were to put only the first six in, and made good large pustules, and then waited for three months, or three months and a half without putting in any more?—I have seen that done in the instance of patients who have been inoculated, and who have, for some reason or other, not again come back, and in them there was not the same diminution of the eruption on the surface at the end of three or four months, that there was in another person in whom the inoculations had been carried on regularly.

4809. Do you pursue the same practice with females?—Yes.

4810. Do you ever find that the practice irritates their breasts?—Yes, and I have always avoided going near to the mammæ, so as not to inoculate on the surface of them.

4811. When you inoculate on the arms are the axillary glands affected?—I have seen cases in which, where the inoculations have been done on the arm, the axillary glands were affected and great irritation produced; but if the arms are not inoculated until after the sides of the chest have been inoculated, then the effect is comparatively trivial.

4812. Are the glands in syphilis ever affected with enlargement, unless the virus of the syphilis has passed through them?—I have generally found the cervical glands enlarged in cases of indurated chancre existing on the genitals.

4813. With no other syphilitic sore?—No.

4814. Have you found great difficulty in inoculating persons who have taken mercury?—Yes; then you require sometimes to employ the matter several times over, before you succeed, and, apparently, in some

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of those cases, the use of a few doses of iodide of potassium enables you to produce inoculation more readily.

4815. How many cases have you treated altogether by syphilisation?—I think I should be stating nearly the correct result, if I said 60 cases.

4816. Do you believe syphilis to be so thoroughly eliminated from the system that a person cured by syphilisation would be safe to get a healthy child?—I always regarded that as the great test as to whether a person was free from syphilis; but as to inoculation, I have never had an opportunity of judging whether such would be the result or not.

4817. Then it is doubtful whether it is a real cure?—Yes; doubtful with reference to that, whether the system is not still contaminated.

4818. Have you ever used this method of inoculation in curing hereditary disease in infants?—With one child I began it; it was carried on for a fortnight, and the child was not brought again to the hospital. It was not stopped, that is to say, the mother did not object to it on account of the pain, and the child was improving materially; they were Irish, and probably vagrant.

4819. Have you ever tried any third method, such as producing pustules by croton oil?—On one occasion I employed it, but the patient objected so much to the use of croton oil, that I resorted to syphilisation and inoculation; the patient did not object so much to inoculation as to the use of croton oil.

4820. Do you find that great objection is made in any cases to your mode of treatment?—Not the least. Among the better classes, I do not find that there is the very slightest objection.

4821. Do you believe that you could introduce it into the army?—I believe that if the men were under proper subjection, as they ought to be, there would be no difficulty in doing anything to them.

4822. How many beds are there in the Lock Hospital in Edinburgh?—Thirty.

4823. *Mr. Spencer Smith.* Did you not say in answer to Mr. Quain, that mercury produces a more rapid action upon the constitutional symptoms of syphilis than syphilisation does?—Yes; or than any treatment.

4824. Do you believe that the matter obtained from an indurated sore, made to suppurate artificially, contains the poison of syphilis?—I believe that it would produce syphilis in a person who had never had it.

4825. You believe, notwithstanding it is artificially obtained that it would convey syphilis?—Yes, without being irritated at all; as long as the sore is in an open condition it would do so.

4826. Have you observed the early marked good effects upon the health of people, such as are described by Dr. Boeck, after syphilisation?—I have.

4827. Have you observed that, as a rule?—Yes; I have observed that the anemic condition passes off, and that the appetite and sleep of the patient improve, unless it be after the first few inoculations, which may render the patient restless.

4828. How soon have you observed an improvement in the health?—Within a fortnight after the inoculations.

4829. You confirm Dr. Boeck's evidence upon that point?—Yes.

4830. Have you had any troublesome cases of phagedena to deal with?—None, but the one I spoke of, in which the inoculation was conducted by me in an irregular way; it was on the surface of the chest, and when a granulating surface was inoculated.

4831. Have you had any experience of the sweating mode of treatment, as prescribed by Zittmann?—I have not, except in the instances of two medical students, who had been treated in Germany, and whom I

saw afterwards; but in both of them there was a recurrence of the syphilitic symptoms. *Dr. Watson.* 16 June, 1865.

4832. Did you hear from them the period of time during which they had been under treatment?—They had been kept under what was called a regular course. I do not recollect the length of time, but it was the full period.

4833. Do you believe that a case of constitutional syphilis could be cured by any such treatment in fifteen days?—I certainly think not.

4834. With regard to police interference with prostitutes, you have described what you conceive to be the difficulties in the way of such interference; but what you have stated appears to apply to proceedings which are quite outside of police regulations?—Quite so.

4835. And of course the utility of police regulations is not at all affected by such considerations?—Not to a certain limited extent.

4836. Altogether you would not deny that police regulations would give a man some security from contracting the disease, and that it would be his own choice if he went where he was unsafe?—Yes; but the likelihood, I think is, that he would take an unsafe course, thinking that he was going to the safest.

4837. Police regulations, so far as they went, would be for his benefit?—Yes.

4838. *Chairman.* Is there any other point upon which you would desire to make any further statement to the Committee?—I think not.

The witness withdrew.

Tuesday, 20th June, 1865.

Present:

Mr. Skey, F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

James Paget, Esq., F.R.S. (Surgeon to St. Bartholomew's Hospital, and Surgeon Extraordinary to the Queen), examined.

4839. *Chairman.* Have you any doubt whatever as to the existence of the specific disease known as syphilis?—No. *Mr. Paget.* 20 June, 1865.

4840. Have you seen a pamphlet which has been published by Dr. Macloughlin in which he denies the existence of syphilis?—No.

4841. Do you consider every variety of sore the produce of the same poison, but modified, whether by the habits of life on the constitution, or other circumstances, or are they the product of a different and distinct poison?—I think the probability is, that there are two poisons producing different varieties of sores.

4842. How do you divide the sores, into hard and soft?—I think that that is the best practical division.

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4843. Do you recognise different periods of incubation in the two forms of sores?—I apprehend that there is a difference; but I have never examined into the subject enough to be able to give dates.

4844. Do you recognise a very distinct difference in the condition of the inguinal glands in the two cases?—Yes; the one is associated commonly with one or more very hard non-suppurating glands, and the other is commonly associated with a larger number of glands that suppurate in or about their structure.

4845. Do you consider that the hardness of the inguinal glands is pathognomonic of true syphilis?—I consider them as good a sign as the indurated sore itself.

4846. Have you frequently seen constitutional disease follow a soft sore, or at all?—I think if it follows at all, it is only very rarely. I cannot say in what percentage of cases, but I should speak of it as a very rare event. I believe, however, that it does follow.

4847. Have you seen the constitutional disease follow suppurating glands of the groin?—Yes; in some rare cases, such as those in which I believe it has followed a soft sore.

4848. Are you able to distinguish a soft sore which is not followed by constitutional disease from that which is?—No.

4849. Can you distinguish the eruption which follows the soft sore from that which follows the hard sore. I mean where the soft sore produces secondary disease?—No.

4850. Do you often see a true indurated sore in hospital or private practice?—I should not call it a rare event. I think one sees an indurated sore in one case where one sees a non-indurated sore in four or five cases.

4851. But then there are varieties in the induration; my question rather pointed to that cartilaginous induration which has been very aptly compared with the tarsal cartilage. Do you often see that form of induration?—I should say not infrequently. In St. Bartholomew's Hospital to-day I have seen three cases as it happens. I cannot speak of it as rare or infrequent.

4852. Have you seen a sore based on positive induration, commencing as a pustule, forming a very firm indurated sore?—No.

4853. Do you use mercury largely in the treatment of primary sores, taking first the soft sore?—Never in the soft sore, unless I found after a long time that all other means failed, and I thought that I had made a mistake with a primary hard sore; then assuming the condition of the patient to be such as would fairly bear a careful use of mercury, I should always give it.

4854. What do you think mercury does in the system; do you regard it as a specific?—That is my impression of it, that it is really a specific.

4855. Would you say that it was specific in this sense, that a man who was saturated with mercury would be exempt from syphilitic poison?—No; I mean a specific in this sense: that, provided the patient is one who can safely take mercury, it will very materially shorten the duration of the indurated sore, and if it can be favourably received into the system will prevent the occurrence of secondary symptoms.

4856. It is difficult to say what a specific means, because the same remark would apply to the use of quinine in ague; it is no specific; but I presume it cures ague by building up the strength of the individual, and not by any specific action it has upon any aguish poison in the circulation, and so with mercury. Do you think that "specific" is a warrantable term in the strict application of it?—I think, in the general understanding of the term "specific," as a given thing which cures a certain disease, the term may be applied to mercury when used for a hard sore; I do not

know by what means, whether by direct antagonism, one poison against the other; but I think that it is, in the ordinary sense of the word, a "specific," as the thing which cures the disease.

4857. Then it ought to be invariable in its action upon the poison in all persons?—If the poison was always identical and there was no variety in it, or in the patients; there are also cases of ague that are not curable by quinine.

4858. If it be a specific, it ought undoubtedly to be universal in its operation; not merely upon a primary sore, but on the secondary disease; and assuredly there are many forms of secondary disease, according to a large amount of evidence that we have received here, in which it is not so valuable a remedy by any means as in other cases. In your opinion does it postpone, or prevent the secondary disease?—Yes; I think in many cases a person who has been treated with mercury for a hard sore will not have secondary syphilis; whereas that same person, if not treated with mercury, or not treated at all, would certainly have the secondary disease.

4859. Have you had any experience of a variety of forms of eliminative agents which have been adopted, by sweating, by purulent discharges, by purgation, or by starving?—None.

4860. Have you had any experience of syphilisation?—No.

4861. I need not ask you whether you are aware that the subject has been a good deal discussed of late in the medical world, and has occupied a good many pages in the journals, and that it has been under the consideration of this committee for the last two or three weeks?—I am aware of that.

4862. The evidence which they have received from two gentlemen has been of a very important character, perhaps beyond what the advocates of syphilisation here, if there are any, anticipated. That being so, is it not in your opinion desirable, if recovery from syphilis could be ensured within three or four months, during which time the health greatly improves, to experiment upon it in England?—Yes, I quite think so; I think it is a practice deserving of very careful enquiry, and probably deserving of imitation.

4863. When should you say that the constitution is first affected in the case of an indurated chancre?—One's answer must depend so much upon the meaning with which the term, "constitution being affected" is received. The language that I should use in teaching would be, that an indurated chancre is of itself already a proof that the constitution has been affected in some manner, in the same way that the vaccine vesicle is a proof at its first appearance that the constitution has been in a certain manner affected.

4864. Do you think that any, or can all the varieties of syphilitic disease, under favorable circumstances, be produced spontaneously?—I doubt very much whether any form of sore that can be called syphilitic is ever spontaneously produced. I have seen one or two cases, the origin of which I could not explain; but I would rather assume that the syphilitic poison had been received in some unknown, unobserved manner, than assume that the disease had generated itself, in these persons.

4865. Do you include in the words "syphilitic poison" the poison of the two sores?—Either the one or the other.

4866. At some period of the world it must have happened spontaneously, if we are to place reliance on any of the diversified views which have been entertained of its origin in the medieval ages?—Yes; but at some period of the world we may say that each species of animal was created; but we do not look for new creations of the same kind again.

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4867. I presume there is a distinction between the creation of new animals and the existence of disease?—Yes; but because a thing once happened spontaneously, it does not seem necessary that we should assume it would ever re-appear in the same spontaneous manner.

4868. Are you acquainted with Mr. Evans' book on Venereal Diseases?—I read it many years ago.

4869. He speaks of a disease which he calls *Venerola vulgaris*, and he says: "This disease, which is more frequently met with than all other ulcerations of the parts of generation put together, may be seated on any part of the body to which its cause may be applied." I quote that to show that it is a very common disease, and Mr. Evans' view of it is corroborated a good deal by Abernethy on some points, who writes very much to the same effect. Mr. Evans then says, "But many cases have come under my care, and still more to my knowledge, wherein this disease arose from other causes than the application of the specific virus. In the following cases it arose from the application of an altered secretion, without any breach of surface or discernible disease in the female organs." He then gives case one, case two, and case three, and afterwards states: "It is the custom of this place (Valenciennes) to have the public women examined at stated periods, and for this purpose a French surgeon is appointed:—at these examinations I have frequently been present, and have always been surprised at the small portion of disease to be found among them; at one which I attended, no less than 200 women of the lowest description, and of course the most frequented by soldiers, were examined, and not one case of disease was found among them; nevertheless the military hospitals had and continued to have their usual number of venereal cases. At an inspection I have since attended, where 100 women were examined, only two were found with ulcerations. I noticed several with increased secretions, and one with purulent discharge; but these were taken no notice of by the attending surgeons, as they did not come sufficiently under the head of virulent gonorrhœa. That the two women above mentioned as having ulcers, infected the whole of the men diseased in the garrison during the preceding fifteen days, no one can for a moment admit even as likely; but if it be allowed that an altered secretion be sufficient for the production of this disease, we shall at once have an explanation of how it happened that the military hospitals continued to have their usual number of venereal cases, when not one diseased woman could be found in the 200 before mentioned; and how it is that the municipal regulations made for preventing the propagation of venereal diseases so completely fail in the attainment of their object. In the Departmental Hospital at Lille, where the above women are sent when diseased, I was equally struck with the few cases of ulceration it presented, for out of upwards of 100 women it contained at the time I visited it, not more than three were found to have venerola vulgaris, and it did not present one case of ulcus induratum: gonorrhœa, excoriations from want of cleanliness, warts, condylomata, and some eruptive diseases composed the rest. By the above circumstances we are warranted in the belief that so far from the secretion of a sore of the same kind being necessary for the production of this disease, it may be caused by the application of a secretion, the infectious state of which is only to be known by its effects." How would you explain this?—One must first ask how deeply he examined the women. Did he go beyond the nymphæ, or examine the vagina at all, to say nothing of the cervix uteri. He speaks there of many discharges, but there is no evidence that those discharges may not have been from chancres.

4870. Do you infer from the statement I have read that all the women referred to had sores, and that they were not detected?—Not all

of them; but I imagine a number of them, sufficient to have infected all the men who had sores.

4871. What do you generally find to be the most common locality for sores in women?—I have not been very much in the habit of examining them with the speculum, but I should say that it is not at all rare to find venereal sores beyond the ordinary reach of an ordinary examination.

4872. Admitting the truth of your statement, I take it that the more common seat of a venereal sore is in the anterior parts exposed to the eye, on the labia, and on the nymphæ?—Yes.

4873. Do you think that sores produce their like?—I have no facts to guide me upon that matter.

4874. Have you grounds for believing that syphilis can lie dormant for years in the system?—Yes; that is, that after a primary sore, years may elapse without the development of secondary syphilis, and still more frequently in the case of a primary sore, which has been followed by eruption and sore throat, years may elapse, and subsequently a re-appearance of the disease may be observed.

4875. Do you believe that syphilis pervades society a good deal, lurking occasionally in families?—I have been struck with the contrast which is presented between the amount of hereditary syphilis in the lower classes on the one hand, and the middle and the upper classes on the other. I have not yet, to my knowledge, met with a single case in which the hereditary syphilitic teeth were well marked in any member of the middle or upper classes, nor have I seen in the upper classes any case that I could suspect to have been hereditary and of syphilitic origin in the shape of ulceration of the palate or the leg, or the syphilitic nose, or any of those forms which are common among the poorer classes. I believe that poverty has very much to do with the degree in which syphilis is transmitted and obtained by inheritance.

4876. Is it not curious that it should not occasionally occur in the middle or upper classes?—I suppose it is; but I may mention another fact, which shows how rare it is. At Christ's Hospital, where I examine a very large number of boys, I look at the teeth of all of them, and I have not yet seen a syphilitic tooth among them, and they come entirely from the middle classes. The whole of the boys in the school, I think I may say have been fairly examined, and Mr. Stone, the resident surgeon, told me a few days ago that he had only found one doubtful case. I examined that case, and am sure that those teeth were not syphilitic, but that they were accidentally notched teeth.

4877. I infer that you place full reliance upon that recognised condition of the teeth which has been put forth lately by Mr. Hutchinson and others?—Yes.

4878. Do you believe that those teeth which he and others have described are syphilitic teeth?—Yes; I believe that those teeth are peculiar to the offspring of one or two syphilitic parents.

4879. Do you place full reliance upon that condition of the teeth which has been spoken of by Mr. Hutchinson, or have you examined the subject at all?—I have examined it. Mr. Hutchinson began his observations at St. Bartholomew's Hospital, when he was working there with me, and I have examined the matter ever since.

4880. Have you had an opportunity of tracing the disease from one sex to the other; for instance, have you ever traced a sore which has presented itself in a patient to the female from whom he obtained it?—Never.

4881. Are you of opinion with many others, that one attack of syphilis gives exemption from a second attack?—I think that a patient who has an indurated sore followed by eruption and sore throat is not

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susceptible of another indurated sore. I believe that we may recognise what should be called a modified sore as occurring in persons who have had indurated sores and secondary syphilis, and who are no longer susceptible of that same form of disease, but are susceptible of a modified form, in the same manner that a person who has been once vaccinated is not susceptible of the complete vaccine disease, but of a modified pustule. I think that I have recognised such sores in persons who have had indurated chancres previously.

4882. Are you of opinion that secondary disease is communicable from one person to another?—Yes.

4883. I infer that you would go to this extent, that women who are afflicted with secondary disease should be brought under the law for the prevention of disease with as much reason as those women who have primary sores?—Yes; those forms of it which exist on the skin and the mucous membranes.

4884. How is the poison of syphilis obtained, is it by imbibition, or percolation, or absorption?—I suppose that the matter being laid on a thin mucous membrane would permeate it and produce its effect there; but perhaps more often it passes through some fissure or broken surface. I believe that its long contact with the mucous membrane is sufficient to ensure its passage in.

4885. How do you account for the multiple soft sores with reference to which I believe some French author writes that out of 250 cases, about 120 were triple or quadruple sores; have you ever seen such cases?—I fully believe that the matter laid upon a thin mucous membrane would be transmitted through it.

4886. Have you seen phagedena in all its varieties?—Yes.

4887. Can you say whether it is more likely to attack the soft or the hard sores?—I think, on the whole, the soft.

4888. Do you consider phagedena a specific disease; is it syphilis in itself, or something superadded?—I think that if one makes a distinction between hard and soft sores, then all the other varieties, such as inflamed, irritable, phagedenic and sloughing, are accidents either of the time, or the patient, or the circumstances in which he lives.

4889. You do not consider it a specific disease as syphilis?—No.

4890. You would not call it syphilis?—I should say that the patient had a phagedenic syphilitic sore.

4891. To what do you attribute phagedena, or its action?—I think that in many cases it is attributable to what is called hospital gangrene, but as we have hospital gangrene brought into hospital more often than it is generated there, so I should often have to say of these phagedenic sores, that I do not know what they have originated in.

4892. Phagedena is a more common affection than hospital gangrene; I am referring to cases rather of the phagedenic form of ulcer, which is very destructive in its character?—I believe phagedenic sores to be accidents of syphilis.

4893. You treat them with mercury?—No.

4894. *Mr. Cock.* Do you believe that when a person has been cured by mercury, or apparently cured, he is more or less likely to have a relapse of syphilis than when other means have been employed, or when no mercury has been used?—I think that the effect of mercury, if carefully given, is to render a person much less likely to have any return of syphilitic disease than if he had been treated with any other remedy, or with none at all.

4895. *Dr. Donnet.* In your treatment of constitutional syphilis, in what form do you give the mercury?—I think that upon the whole, the most convenient form of using it is by mercurial fumigation; but in what

ever form, I think the most essential point is to give it in very small quantities, spread over a very long period of time.

4896. What is the proportion that you generally use internally?—One or two grains of blue pill, or hydrargyrum cum cretâ every night.

4897. Do you find that the mercurial vapour bath answers the same purpose as the internal administration of mercury?—Yes.

4898. What are the indications that guide you when you discontinue the use of mercury internally?—I should discontinue its use on account of anything like diarrhea or salivation.

4899. When do you stop the use of it?—I should not stop the use of it till the patient was cured, unless he seemed to be damaged by its influence. I should never carry it to the point of salivation; as far perhaps as to produce a very slight degree of tenderness in the gums, not beyond that. I should expect to cure an ordinary case without more than the very slightest mark on the gums, if any.

4900. Have you seen bad effects result from pushing the mercurial course too far?—Yes; and I believe that the worst thing syphilis can produce is produced with the help of mercury, when the latter is carried too far, or so given as to injure severely the system of the patient; the effects are much worse then than would be produced by syphilis, if left alone.

4901. Do you think that the destructive effects observed in the disease, such as exfoliations of the bones, are due to the excessive use of mercury, or that they are the effects of the disease?—I am sure that I have seen persons who have taken no mercury suffering from the worst effects of syphilis in ulcerative disease of the bones. On the other hand the larger number of those whom I have seen suffering from the worst effects of syphilis have been those who have taken mercury for the treatment of syphilis, and in whom the mercury has produced unfavourable effects.

4902. *Mr. Quain.* Have you seen any number of cases treated systematically without mercury?—The cases which I have seen have chiefly been those which have not been under my own care. I have seen many cases in which mercury has not been used which have come under my notice in various stages of the disease.

4903. Do you consider that those cases were not doing well, and that it is not a good system to practice?—I think that, as a system, mercury should be carefully given.

4904. Do you think that mercury might advantageously, as a system, be abstained from?—No, I may say that I think if cases of syphilis are left to themselves, the patients, in the course of time, spontaneously recover. The disease may be left alone, and will in time get well, in the great majority of cases, but the period during which the disease continues and the severity of the symptoms may both be diminished by a careful administration of mercury.

4905. Have you often seen the symptoms of the disease recur after the use of mercury in constitutional syphilis?—Yes, repeatedly.

4906. In what period of time do you think the disease subsides altogether?—Supposing it to be left and to pass on to the secondary stages, I cannot state.

4907. When, in your opinion, may a person be allowed to marry, for example?—I do not know of any other rule than the ordinary practical one, that if a man has remained three months without any syphilitic manifestations he may marry, but I am sure that this is sometimes unsafe.

4908. Have you seen much other disease occurring after the treatment for syphilis which might be ascribed to a person having suffered from constitutional syphilis,—in the form of consumption or some other

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internal malady?—No, I have not seen cases that I could clearly trace to the previous existence of syphilis.

4909. Have you seen constitutional syphilis manifested by the falling of the hair, ulceration of the throat, emaciation, without any form of eruption on the skin having been present?—I believe so, but it depends very much upon the statement made by the patient, which I have to accept. I have had patients who have shown what I believed to be, certainly, syphilitic disease in the later stages, such as ulcerations and diseases of the bones, who have stated that they never had had a syphilitic eruption; but in the same way I have seen patients with well marked secondary disease who stated that they never had had a syphilitic sore; I doubted the truth of the statements in both cases; the eruption might have been slight and overlooked.

4910. Do you think it would be useful to have larger accommodation provided for females suffering from syphilitic disease than is at present provided in London and elsewhere?—Yes; for the prevention of syphilis.

4911. And for the care of those persons?—Yes.

4912. You think it would be well that increased accommodation should be provided by the State in some way?—Yes.

4913. With facilities for admission?—Yes.

4914. A question was asked at the outset by the chairman with reference to a pamphlet written by a gentleman who entertains the view that there is no such thing as a syphilitic virus. Do you know that the same opinion prevailed pretty largely in an early part of this century in France, especially as the result of the physiological doctrine of medicine, so named, as maintained by M. Jourdan and M. Desrouelles, as well as other writers and observers?—Yes.

4915. *Dr. Wilks.* Have you any difficulty in distinguishing cases of hereditary syphilis in children from scrofula or rickets?—I think not; I think that, taking the character of the teeth, combined with frequent affections of the cornea, one has practically little or no difficulty in the diagnosis; as much difficulty as in the diagnosis of any two other somewhat similar diseases, but not more.

4916. What is the latest period in childhood, in youth, or in manhood, at which you have seen the effects of hereditary syphilis display themselves?—I should not like to speak positively, for it is not more than a suspicion; but I suspect that hereditary syphilis may show itself at a very late period, and that some of the cases that one sees, and which one has a difficulty in referring to primary syphilis, have really had their origin in inheritance.

4917. Do you consider that those persons are in error who fail to see it after the age of two years?—Yes, certainly; I have not a doubt of its being inherited and manifesting itself at the ages of 13 and 15; and I believe that some of the cases to which I have referred as having their origin in inheritance, the patient having been conscious of no primary disease, may have been cases of syphilis inherited, and appearing at about the age when the syphilis infected the parent.

4918. Do you think that the ophthalmic surgeons are correct when they speak of interstitial keratitis as a true syphilitic disease?—I think so.

4919. At what age does it appear?—Most frequently from the age of 6 to 10; but I do not see so many young children now as to enable me to judge; we see comparatively few among the in-patients.

4920. In answer to Dr. Donnet you stated that some of the worst cases of the disease which you had seen were those in which mercury had been given; I infer that the first morbid process was a syphilitic one?—Yes.

4921. Do you attribute disease of the bones at all to mercury?—I have seen a few cases in which mercury alone produced well-marked disease of the bones, very much like syphilitic disease.

4922. What bones do you refer to?—The tibiæ and the os frontis; well-marked periosteal disease, which could be referred to mercury alone, in persons who had taken mercury in large quantities for other complaints than syphilis.

4923. When you say that a person has a relapse of syphilis, you mean, I suppose, only that certain symptoms may occur over again?—I adopted the term relapse, which was used. I think that a patient may have the same series of symptoms again and again.

4924. Did you ever see roseola, lepra, and dry rashes a second time, after a year or two?—Certainly the dry rashes, if I may include ordinary psoriasis among them; especially psoriasis of the tongue.

4925. Did you ever see that after rupia, or ecthymatous rash?—If I include psoriasis of the tongue, the opaque white scaly surface of the tongue, among them, I have seen it occurring after rupial disease.

4926. My question rather meant this, whether it is possible for the exanthematous eruptions and the other early constitutional symptoms to appear a second time, and after the occurrence of the pustular eruptions which come towards the end of the disease, and which are supposed by some to be the natural termination of it?—I could not speak positively to that from any records of cases, but I think I have seen them.

4927. Do you think that a woman may take syphilis from her husband in the constitutional form without being pregnant?—I believe it is a very rare occurrence; but I am sure that I have seen a few cases of that kind, and one case only within this week, which I examined very carefully. It was the case of a lady who had married a gentleman who had taken great care to be free from syphilis; he was examined carefully before marriage, and declared quite free from it; he married, and within two or three months his wife presented a well-marked secondary eruption; she has been married about a year, and she has an eruption now rapidly appearing, with disease about the anus and labia; but she has menstruated, without a single exception, at every period since her marriage, and has had no sign of having conceived.

4928. In reference to the cases quoted from the book written by Mr. Evans, is it an equally probable theory that those women being prostitutes might have had constitutional syphilis, and so conveyed the disease without having any sore, but merely by means of discharge?—I think it is unlikely that constitutional syphilis, suppose, for example, condylomata, should produce sores on the glans, which I suppose were the characters of the disease referred to by Mr. Evans.

4929. Referring to the use of mercury, do you give it in the later forms of eruption, the moist and pustular?—I should give mercury for all superficial cutaneous diseases, and for those of the surfaces of mucous membranes; but I should be the more careful in giving mercury the longer the syphilis continues, especially when it passes on either to disease of the bones or to ulcerative diseases of the integuments.

4930. Have you ever seen constitutional disease arise from the introduction of the virus into other parts of the body besides the genitals?—I have seen plenty of it, following chancres on the fingers and on the lips; in numerous cases I have seen it, after chancres on the fingers of medical men.

4931. Then it follows that that is not necessarily venereal disease?—Yes.

4932. It is the result of accident, by which the poison has been communicated to those parts of the body with which it came in contact?—Yes.

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4933. And therefore, not of necessity associated with immorality?—Certainly not.

4934. *Dr. Babington.* How long a time on the average does it take to cure a patient of secondary syphilis?—I generally advise my patients to go on taking small quantities of mercury, or of iodide of potassium, for a considerable time after the disappearance of the symptoms, that is, of any external manifestations of the disease.

4935. With regard to syphilisation, it has been stated that it takes a certain number of months to cure a patient entirely; would your plan of treatment take longer?—No. I should expect that it would take from two to three months. I should expect a man to be well in three months, under the proper use of mercury.

4936. Do you find that the moist eruptions in the secondary symptoms are more difficult to cure than the dry ulcerative ones?—I think they are more easy to cure for the time, but more sure to recur.

4937. Do you consider gonorrhea to arise from a specific virus?—It does in a large majority of cases. I believe, however, that it may be produced from discharges of so-called spontaneous origin; for example a female with certain forms of leucorrhea may produce an urethral discharge in a man.

4938. You would distinguish or divide gonorrhœa into specific and non-specific?—I should suppose that a person who derives a discharge from a woman having leucorrhea might communicate it to another.

4939. Do you believe that gonorrhœa ever produces secondary symptoms?—No.

4940. Nor eruptions of any kind?—I think not. I have been in doubt sometimes, when I have seen patients with roseola, whether they had it from the discharge.

4941. Do you find that the constitution of a person makes much difference as to the cure; for instance, that the scrofulous are more difficult to cure than others?—Yes.

4942. Do they take longer to cure?—Yes; they take longer, and they are more especially subject to far greater danger from the effects of mercury.

4943. Would temperament make any difference, the sanguine or the phlegmatic?—I cannot say.

4944. Or age or country?—I think that persons of an elder age are more difficult to cure than the younger; with regard to country, I have no knowledge.

4945. Do you attach any importance to keeping your patients in bed, when treating them for the primary disease?—I think that the safest manner of treating a patient is, to keep him in as nearly as possible an uniform temperature.

4946. Would you allow him to attend to his avocations?—I should advise him not to do so, but such advice is often given in vain.

4947. What is your opinion of the effects of iodide of potassium?—I think it is quite useless for primary syphilis; and of little use for the earlier secondary phenomena, such as the superficial scaly eruptions, and the ordinary appearance of sore throat. I think that for the periosteal diseases and diseases of the bones, and ulcerative diseases of the integuments, it will almost certainly cure those within less time than mercury, but that the cure never remains permanent.

4948. You think that it ameliorates, but does not cure?—Yes, the real value of it is that it cures the symptoms for a time while the disease is fading out.

4949. Do you consider the tertiary symptoms as part of the syphilitic disease?—Yes, but the longer the disease lasts the more it loses its

specific characters, and fades away into the features of ordinary cachectic disease. *Mr. Paget.* 20 June, 1865.

4950. Do you consider that a soft sore, or a suppurating bubo, would protect a person at all from a second attack of the same kind?—No, a man may have any number of soft sores.

4951. *Mr. Spencer Smith.* Have you had any experience of the use of escharotics?—I have used them frequently with patients having what it was supposed would be a sore, and have destroyed it, and the patient has had no further trouble; but whether the sore would have been a hard one, if not cured, I cannot tell.

4952. Entertaining the view you do that the constitution is affected immediately that a hard sore appears, you would not use them?—I think that a parallel might be drawn again from the vaccine vesicle. If you destroy a vaccine vesicle in the early period of its formation, you very much diminish the probability of the patient being protected against small pox. So, I think, if you destroy an indurated chancre at the beginning, the disease may not go on to produce secondary phenomena.

4953. You are not altogether against the use of escharotics?—No. I should use them in any case that came to me within the first two or three days.

4954. *Dr. Balfour.* Have you ever met with cases of second attacks of constitutional syphilis apparently from fresh infection?—I think that a person having once had an indurated sore, and secondary syphilis, is not susceptible of similar inoculation a second time; but I think he may receive the virus, and may have a modified sore.

4955. *Chairman.* Is there any further observation that you wish to make to the Committee?—No.

The witness withdrew.

Friday, 30th June, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
MR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

John Hilton, Esq., F.R.S. (Surgeon to Guy's Hospital), examined.

4956. *Chairman.* I presume you recognise the constitutional disease known as syphilis?—Certainly. *Mr. Hilton.* 30 June, 1865.

4957. Do you adopt the ordinary division of sores into hard and soft?—I think so; as a rule certainly.

4958. That is, constitutional and local?—I do not know about constitutional and local; but I certainly recognise the hard and soft chancres, and sometimes an intermediate condition.

4959. As a rule, the constitutional disease follows the hard chancre?—Certainly.

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4960. As a rule, the constitutional disease does not follow a soft chancre?—Not as a rule.

4961. Subject to many exceptions?—Yes.

4962. That is to say, in your experience, which must have been very large in Guy's Hospital and elsewhere, you have probably seen on many occasions secondary disease follow a local sore that presents from first to last no evidence of induration?—Or, scarcely any evidence. I do not think it is right to say no evidence, but scarcely any evidence.

4963. You cannot say that a sore which is classed under the head of an absolutely soft sore may not produce secondary symptoms?—No, because I have seen it do so.

4964. A sore that is soft through all its stages?—Yes; I should say so.

4965. Can you give any idea of the proportion of cases, or have you seen that result frequently?—Not frequently.

4966. Would you say once in twenty or thirty cases?—I have had no means of determining that fact with accuracy.

4967. Have you seen secondary syphilis follow suppurating glands in the groin?—Certainly.

4968. Can you call to mind whether there was anything remarkable in the primary sore which, being succeeded by suppurating glands in the groin, was followed by secondary disease?—No; my memory does not enable me to recognise any distinct feature of that kind.

4969. Do you think that sores invariably produce their like; that is to say, that a soft sore in a female will necessarily produce a soft sore in a male?—I have had no experience upon that point.

4970. Do you admit that there is a different period of incubation in the soft and hard sore; the former being short, and the latter more protracted?—I should say so certainly.

4971. At what period in the progress of the induration, or prior to it, in a hard sore, do you consider the constitution is involved?—That depends upon the age and upon the health of the patient. I have seen it occur in a child eleven years of age three weeks afterwards.

4972. Not obtained by intercourse?—Yes.

4973. Do you mean a hard sore in a child?—Yes; in three weeks followed by eruptive disease; clear syphilitic eruption and sore throat. But in the adult, I think, from five to six weeks elapse, as a rule, before the eruption manifests itself.

4974. To come back to my original question; suppose a man has intercourse, and takes the poison of a hard sore, at what period in the progress of the induration does the constitution become involved; or is it not until the induration or the sore becomes mature, that you consider the constitution is involved; so that if the local disease were entirely removed by the knife, or by escharotics, the constitution would still show itself to be involved?—I do not know what the result of the experiment by excision is; one can only judge of the manifestation of the constitutional implication by the constitutional symptoms; and the constitutional symptoms which I should recognise would be the eruption.

4975. Do you consider that that eruption necessarily follows from the moment at which the poison is first introduced into the system, or at the first exhibition of the indurated structure; or at what period of time during the progress of the induration is the constitution involved, or is it only when the induration is complete?—I should not quite agree in the proposition that the secondary symptoms show themselves before the chancre is matured in its extreme hardness; they need never show themselves at all, necessarily.

4976. Supposing you were to cut out an indurated mass with an

ulcer upon it when confirmed, do you think that you would obviate the secondary symptoms?—No.

4977. If you did it when the induration was half mature, say, four, five, six, or seven days prior to maturity, would it have that effect then?—Not necessarily.

4978. Suppose you did it at the first moment when the induration commenced, would you then render the patient exempt from secondary disease?—I doubt it; but I might give as an illustration of this one or two cases in which I have destroyed, by the use of nitric acid, a chancre that was beginning to get hardened, and yet the secondary symptoms have manifested themselves.

4979. Have you ever seen induration precede ulceration?—Yes.

4980. Have you seen secondary disease follow induration without ulceration?—Certainly; that peculiar button-shaped mass consisting of a kind of paste, where there is no ulceration at all.

4981. The disease in fact is in the shape of induration and not of ulceration?—Certainly.

4982. Are you an advocate for the individuality or for the duality of the venereal poison; is there a single poison, or a double poison?—I believe that there is only a single poison.

4983. To what do you attribute the different manifestations of the local disease, the one being an ulcer throwing out pus largely, and the other throwing out no pus, but manifesting itself by induration?—That may depend upon the constitutional tendencies, and it may depend upon a modification of the poison; but that is a different thing from there being two distinct poisons.

4984. You are inclined to think that each is a modification of the other, but that they originate in the same poison?—I am.

4985. Do you think that syphilis can be produced, under the most favourable circumstances for its production, spontaneously?—I do not believe it can.

4986. You have been interested in the subject, and has your reading thus far enabled you to form any judgment as to the truth or falsity of the opinion that the disease of syphilis was introduced into Europe in the year 1495?—I am not competent to answer that question; it may, or may not have been.

4987. Have you ever seen a man who had a second attack of syphilis distinct from the first, or, in other words, does one attack of syphilis give a man exemption?—I have seen the case of a man having two hard sores, with some two or three years interval, each of them being followed by secondary symptoms.

4988. During that interval was the patient presumed to be entirely free from syphilitic disease?—Yes; and there was another inoculation.

4989. Are you clear about that?—As confident as one or two examples can make me.

4990. What value do you attach, as a practical man, to the habit of ablution as a preventive of disease?—I think it is a very important element.

4991. How often do you think it desirable that ablution should be practised?—Every day, in order to clean the external organs.

4992. Do you attribute the liability to take disease to an unhealthy condition of the sexual organs of the male?—Partly so, because the accumulation of secretion deteriorates the free surface of the mucous membrane, and makes it more amenable to friction. I think that another effect may be to do away with the excitation of the sexual organ and the desire for coitus by removing the source of irritation about the prepuce and glans penis.

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4993. You think then that the desire is a local one?—I think that it is capable of being excited by an accumulation of secretion about the organ.

4994. With regard to post ablution; supposing a man to have intercourse, and that at the end of one or two hours he resorts to ablution, do you think that that would give him immunity from disease?—I think it would. I remember a case which occurred many years ago, in the case of three gentlemen who had had connection with the same female on three successive nights; one of them (the middle one) only had a chancre and syphilis, the others were not inoculated. As far as I was able to discover, the only difference was that the men who were free from it had washed themselves very carefully immediately afterwards.

4995. You attribute their freedom from the disease to the fact of their having washed themselves afterwards?—Yes, there was no other recognisable cause.

4996. How soon afterwards did they wash?—Immediately afterwards.

4997. Have you had any experience of syphilisation?—None.

4998. If strong evidence were put before you that syphilis can be absolutely cured in a given time, far short of that which is ordinarily devoted to the treatment by mercury, would you not think that the treatment by syphilisation was well worthy of enquiry by this Committee?—I think that if a clear and distinct well-marked case of that kind could be adduced, it would be worth while to have the experiments extended.

4999. Supposing that the cases extended to hundreds, what effect would that have upon your mind?—It would have a very important influence upon my opinion; but the cases should be very decided and clear, and the whole outline of the thing perfect.

5000. Have you looked over the Contagious Diseases Prevention Act?—I have not.

5001. This Act empowers magistrates to place women who are suspected to be diseased, in a hospital for three months, in such places as Portsmouth, Plymouth, Chatham, Shorncliffe, and some ten or eleven places altogether; do you think that that is a good enactment?—I think it is a thing to be recommended certainly.

5002. Would it, in your opinion, be desirable that prostitutes should be put under some form of registration?—Of course, if my answer applies to the simple subject of prevention of disease, I should say so. But may I ask whether the Act makes soldiers liable to punishment, when they have the disease, and communicate it to the women; for it appears to me that a soldier who does that should be just as much punished as the woman.

5003. *Mr. Cock.* The question of syphilisation has been mentioned by the Chairman. Do you think that there would be any difficulty in carrying it out in certain cases among your patients in Guy's Hospital; would there be any difficulty in doing it yourself, or leaving it to the assistant surgeon to carry out in those cases which seemed favourable for it; because, as far as we have heard, it is in the worst cases, which have not been amenable to the ordinary forms of treatment, that syphilisation has been attended with the most marked success?—I think it might very easily be done at Guy's Hospital.

5004. You see no difficulty in it?—None.

5005. How far do you consider that certain abnormal states of the genital organs, such as a long prepuce, a semi-phimosed prepuce, making it of course very difficult to adopt habits of cleanliness, a frenum very thick and short, render a man very liable if not to take disease, at least to produce excoriations and other sores attended by disagreeable con-

sequences?—I think that all the conditions you have supposed are liable to induce these things.

5006. Have you been in the habit, by certain minor operations, which have often been practised, of remedying this state of things?—Undoubtedly.

5007. Would you advise any person who you saw was labouring under any of these natural infirmities to have them remedied?—Yes; provided they could not be mitigated by any other mode of treatment.

5008. Do you consider that a great many diseases might be avoided, not syphilitic exactly, but many excoriations and unpleasant consequences, by paying more attention to this state of things than is generally done?—No doubt of it, because I see it both in private and in public practice.

5009. In the Army and in the Navy, or among those under your care, if you found that men were labouring under any of these infirmities, would you endeavour to put them in as good a condition as possible?—No doubt of it.

5010. *Dr. Dbnnet.* I understood you to say, in reply to the Chairman, that a soft sore may be followed by constitutional syphilis. Have you observed any induration of the glands, inguinal or post cervical, in those cases?—The inguinal glands, I should say, as a rule, are so, but with regard to the post cervical, I have considerable doubt about it. I have many times felt for them, and have failed to find them enlarged, except occasionally.

5011. When you have found them to be so, have you considered it due to any eruption on the scalp, or any affection of the throat?—I could not determine the cause. I could find out no local cause for it, either in the throat, or the nose, or upon the scalp.

5012. Do you attach any importance to the treatment of primary sores by cauterisation?—I think it should be done in the case of sores of very doubtful character, but not by nitrate of silver; that I think is useless; nitric acid or fused potash should be employed in order to destroy the sore and its immediate circumference.

5013. Do you think that by cauterising a sore you prevent secondary syphilis?—I think you may; but I do not believe that it is possible to determine whether the poison has gone beyond the seat of the injury.

5014. *Mr. Quain.* Have you ever seen symptoms similar to those which occur in secondary or constitutional syphilis, arise, independently of sexual intercourse, from a wound or injury of any common kind?—Never.

5015. In the case of the girl of eleven years old, who had constitutional disease in three weeks (Q. 4978-2-3), were the dates fixed by the circumstances to which you have alluded unmistakeably?—Unmistakeably.

5016. You stated that you had seen a soft chancre followed by constitutional disease; have you seen a naturally hard chancre, not made hard by applications, not followed by constitutional symptoms?—I think I may say that I have.

5017. When you applied nitric acid as an escharotic, and destroyed the chancre, and constitutional disease appeared afterwards, did the sore which was produced by the escharotic become indurated (Q. 4978, 5012-3)?—Yes, after the slough had separated.

5018. What is your ordinary treatment of a case of chancre or sore on the penis?—By mercury.

5019. Whether the sore be soft or hard?—Yes.

5020. How do you treat the constitutional disease, that is, the eruption on the skin and the other so-called secondary appearances?—My treatment of syphilis certainly is of a very simple kind. If a man

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comes to me with a chancre, and I see that his health is good, and find that his habits are comparatively decent, that is, that he does not take any liberty with his general health, I use mercury internally; but if I discover, after a fortnight or three weeks, that the sore is not improving, owing to his habits, then I put aside all internal administration of mercury, and rub in a very small quantity of mercurial ointment, a measured, weighed, and ascertained quantity.

5021. What quantity of the ointment do you use?—Ten grains in each armpit, every night, of ordinary mercurial ointment.

5022. Do you put ten grains in one armpit and ten grains in the other?—Yes.

5023. Up to what time do you continue it?—For about a month or six weeks. I stop when the eruption disappears, and the patient experiences a general feeling of freedom from something which had been oppressing him before.

5024. What is the form of the medicine that you give internally for the treatment of a chancre?—I do not think that that is a matter of much importance; at any rate it must depend very much upon the habits of the patient. Upon this part of the subject I may mention that, over and over again, when patients have been taking, ineffectually, for a long time either mercury or iodide of potassium, or a combination of both, and after they have been deprived of those agents during an interval of three or four weeks, their general health improves, then I put five grains of mercurial ointment, or ten at the utmost, in each armpit every night, as a rule, for about a month or six weeks. As an illustration of this association and mode of treatment, I can refer to the cases of three brothers, all the offspring of the same parents. All had chancres; I am not sure whether the chancres were obtained from the same woman. One of them was very intemperate, and could drink a dozen glasses of brandy and soda a day; it was well known that he was a man of great capabilities in that direction; before I saw him he had taken mercury and iodide of potassium for a considerable period, and his health was deteriorating during the whole time; the eruption was becoming permanent; it was tubercular, and then ulcerating; rupia was showing itself, and he was in a horrible condition; under these circumstances I advised him to take nothing but sarsaparilla and lime water, and go and live in the Isle of Wight for three weeks. He did so; and subsequently he rubbed in ten grains of mercurial ointment, five into each armpit, every night. In about a month he came back again very greatly improved in every respect, the eruption subsiding, and the tubercular part of it going down to simple discoloration of the skin, and the ulcerations in a healthy condition. The case was, however, long and tedious, and is not quite well at the present time. The second brother was living in London, but not ruining his general health at the same speed, yet very intemperate; he was treated in the same way with mercurial oitment. I could not get it to manifest its effects in the gums; and after four or five months of complete absence of eruption, the eruption reappeared; his health was good during the whole time. A third brother, who lived in London, was a sober, temperate and careful man; he had the same kind of sore, with eruption, as his brothers, and he was well in six weeks. He did not take any medicine internally, but simply rubbed in ten grains of mercurial ointment every night into each armpit.

5025. In what condition was the first of those patients after he returned from the Isle of Wight?—His health was very much improved; the tubercles on the skin were subsiding, and the ulcerations which had occurred under pustules on the scalp were healing and closing.

5026. In that interval did he use any mercurial medicine internally?—No.

5027. Have you seen, to any considerable extent, the treatment of syphilis absolutely without mercury?—No.

5028. Have you seen many cases of very young children after the first few months suffer from syphilis?—Not many.

5029. Have you treated the cases you have seen with mercury?—Yes.

5030. Successfully?—Very successfully indeed; a little mercury being given to the children internally; but I have not seen many cases.

5031. Under your plan of treatment, when the patients have been fully under your own care and control, are the symptoms of constitutional syphilis likely to return often after treatment?—I should say not.

5032. Have you seen, in certain cases, relapses?—Certainly.

5033. Suppose a person to be, to all appearance, cured, having no appearance of disease, how soon would you think that person would be safe from recurrence of the disease, so that he might safely marry?—I should recommend him to wait for a year.

5034. Your opinion is founded upon the fact that you have seen a return of the disease after a considerable lapse of time?—Yes; four, or five, or six months afterwards.

5035. After the first treatment?—Yes.

5036. *Dr. Wilks.* You stated, in answer to the Chairman, that you had seen constitutional symptoms after a soft sore; have you observed any variety in those cases, or do you think that there are varieties of the syphilitic poison?—No. I think that there is but one poison.

5037. Suppose a man had a soft sore and suppurating bubo, and after a short time he got into a bad state of health, with a doubtful eruption upon him, would you look upon that as a mere modification of true syphilis, or a variety of it?—That would depend upon the appreciation of the person who examined the case.

5038. You would not, I suppose, think that it was a different form of disease?—No; and I think I should find it curable by rubbing in a small quantity of mercurial ointment; but I should like to add this, that having had to deal with a fair share of syphilis in private practice, I have never met with but two cases, in which the [redacted] has been carefully performed with a definite quantity in a definite manner, which have been followed by bad constitutional symptoms, by which I mean ulceration, rupia, and so on, or large salivation.

5039. Do you think that a woman with constitutional disease, if she had excoriation on the genital organs, or a discharge, could communicate it to a man?—I do not know anything of that. I might surmise it.

5040. Rather a practical question arises out of it, which is, whether it would be desirable, for the good of society, to put women apart who had the constitutional disease?—I have no facts to enable me to determine that question.

5041. Speaking of disease in children; do you recognise hereditary syphilis in children above the age of two or three, or in boys or girls up to seven, eight, ten, or twelve years of age?—I do not know enough of the history of such cases to speak upon that point.

5042. What is your opinion of the observations which have been made respecting the teeth?—The facts seem to say that they are true; but, on the other hand, I have seen teeth, I think, which have had much the appearance that has been represented, and yet, as far as I could ascertain, there has never been the slightest trace of the disease upon them.

5043. Have you seen patients sometimes with constitutional syphilis who have denied that they ever had a local sore?—Many times.

5044. Where there has been no appearance of a sore?—I have seen cases where there has never been any sore at all.

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5045. Have you formed any idea as to how the disease was obtained?—I have had to deal with cases in which the person had not kept himself clean under a long mass of prepuce.

5046. Has it been through excoriation?—I could detect no loss of surface at all.

5047. You do not always assume that there must be a chancre in the urethra?—No; I have many such cases in my mind clear and distinct, so that I have no doubt about it. I have seen it in private practice, where you see the fact more definitely placed before you. You may see very much like a parallel condition in what occurs if a man lets dirt accumulate between his toes; he gets an enlarged gland in the groin, which is the channel through which the poison could pass from a sub-prepucial excoriation, if you like to term it so, or a denudation of the cutis; it is precisely the same thing.

5048. *Dr. Babington.* Do you find that syphilitic cases differ in their severity according to the age of the patient?—I think not; it seems more in reference to the general health of the person than the age.

5049. Do you think that country makes any difference, or race?—I have no facts to lead me to any decision upon that point.

5050. Do you sometimes see black people suffering from syphilis?—Now and then; but very few.

5051. Do you ever find any difficulty in distinguishing the secondary symptoms of syphilis from scrofulous sores or cancerous sores?—I think not.

5052. Do you find that scrofulous persons are more difficult to cure than others?—No; and I can point, as an illustration, to the case of a gentleman in London, who came to me some few years ago with scrofulous disease about his eye, with scrofulous disease of his wrist, and numerous old cicatrices, the result of former abscesses about his neck; he had chancre and syphilitic eruption; and under my treatment he rubbed in five grains of mercurial ointment into each armpit every night, and after about a mon[redacted] got quite well, and has been well ever since. That man was very [redacted]ine and badly nourished, almost transparent, very pale, and in ve[redacted]alth, and that was the reason for my making him use so small a qu[redacted]f the ointment.

5053. Have you e[redacted]ved that it is difficult to salivate a scrofulous person?—Yes.

5054. In such cases the[redacted]robably would not get well so soon?—It would depend upon the proportion of the remedy that you employed. I was very cautious with this man, and I told him so, and the reason for the caution.

5055. Do you consider tertiary symptoms and diseases of the bones to be rupia, or syphilis?—I do not know that I have ever seen syphilis so far without treatment, as to be able to speak decidedly upon the point, for it is very difficult to get at the truth of the matter.

5056. Have you ever seen any cases of very severe salivation in the treatment of syphilis by other persons?—Yes.

5057. Occurring unexpectedly, perhaps, and not designedly?—Yes; unexpectedly. A gentleman, under the idea that he was required to take so many pills, for the cure of his chancre, thought it as well to get rid of his disease as soon as he could, and he took sixty five-grain blue pills, in less than a week, and he came back most profusely salivated. He argued that if he had got sixty pills to take, the sooner he took them the better.

5058. Severe salivation in the treatment of syphilis is a mode of treatment quite out of date?—I should say so, certainly.

5059. Have you ever watched a case that was not treated at all?—Never.

5060. What is your opinion of iodide of potassium; do you ever use it?—I use it frequently when the mercury has not acted upon a patient favourably, that is when he has taken it internally.

5061. Do you think it is applicable to any particular stage of the disease rather than to another?—Certainly, I should say so; to what are called tertiary symptoms.

5062 *Dr. Balfour.* Do you treat all sores on the genitals, whether soft or indurated, with mercury?—No, not necessarily. Assuming that they are syphilitic, I should do so, whether they were on the scrotum or elsewhere.

5063. In what manner do you determine that a soft sore is syphilitic?—If the sore be somewhat softened, and assume a circular form, with its circumference raised, and especially if it show itself on the pubes, or on the penis, or on the skin of the penis.

5064. In the case of a soft sore, how long do you wait before you begin to use mercury with a view to satisfy yourself that it is a syphilitic sore?—I should not use mercury if ulceration was going on or sloughing; but if it remained stationary for a short time, I should feel justified in recommending the inunction.

5065. Have you seen any bad effects result either from an indiscriminate or a long-continued use of mercury?—I have.

5066. Have you ever been able to trace any connexion between the excessive use of mercury, and those symptoms which are generally designated tertiary syphilis?—I have, and I think it is the result of the deterioration of the health by the medicine, and not by the disease; that is my belief. I made an observation a short time ago, referring to my private practice, and I stated that I had never seen but two cases put on those bad symptoms. I have never given mercury so as to deteriorate the general health; if I found the health going wrong I should stop it at once.

5067. The bad results which you have seen were owing to the abuse of mercury?—Yes; and I believe that it is a very grave fault.

5068. Have you traced any connexion between syphilis and other constitutional diseases which are likely to prove fatal, such as phthisis, and the more severe forms of scrofulous disease?—I have thought that one might trace such a connexion when the misuse of mercury has gone on to a large extent; but I do not know that the evidence is positive upon that point.

5069. Should you consider it to be the result of the abuse of mercury, and not the result of the syphilitic virus?—I think that mercury may deteriorate the health and damage the viscera sufficiently to kill a patient.

5070. And to induce other disease, such as phthisis?—Yes.

5071. *Mr. Spencer Smith.* Do you attach any importance to the position of a sore as to its induration, or as to the tissue?—You very seldom see a hard chancre on the glans.

5072. If once there, would it necessarily be hard?—Perhaps it would be, as it is a very dense tissue.

5073. Do you attach any importance to the tissue on which the sore is placed, or is it necessarily hard or soft, according to the locality?—I do not know that I have ever seen a well marked hard chancre upon the glans.

5074. Does the tissue upon which the induration takes place determine the question of hardness or softness?—It requires experience to answer that question; but I should say that the tissue on the glans may interfere with the development of the hardness; but how, I cannot rationally tell you.

5075. On the other hand, would sores on the prepuce or frenum be necessarily soft?—Not necessarily soft.

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5076. Then you do not admit that the tissue does exercise any influence?—To a slight extent; you can have a hard chancre on the pubes and the scrotum.

5077. Is the evidence as much one way as the other?—Yes; the tissue on the glans is a hard tissue of itself. I think that you do not often have an elevated chancre on the glans. I do not know whether it is modified by the tissue; I doubt it. I think it is because the tissue is so little permeable; I mean the infrequency of it, which must be the previous step to inoculation. I have seen superficial ulceration on the glans, no doubt, oftentimes.

5078. Have you seen phagedena?—Yes.

5079. Do you consider that to be a part of the syphilitic disease, or something superadded?—I think it is an inflammatory condition, which is superadded; and at t i es it is quite enough to destroy the poison.

5080. Dependent upon other causes than the syphilis?—Yes.

5081. Constitutional causes?—I think so.

5082. Therefore, it is not necessarily to be regarded as a worse case of syphilis?—No; in some respects it is better, for it sloughs out the whole of the disease.

5083. You would not treat it as syphilis?—Not at that time; not specifically.

5084. How would you treat it?—I should apply escharotics to the whole circumference and destroy it, upon the hypothesis that it would itself engender the poison which inoculates the adjoining enfeebled structure; and therefore I should destroy the enfeebled structure locally, and keep up the general health.

5085. Have you had many opportunities of treating syphilis among the Jews?—No, not many.

5086. Have you had no experience as to the effect of the operation which has been performed upon them?—No, I have not, except in this respect, that I have had to treat them very frequently for gonorrhœa, and very rarely indeed for syphilis.

5087. Do you apply the term "syphilis" both to the soft and the hard sore?—I should say so.

5088. And to all kinds of venereal sores?—I do not know that.

5089. But at all events to the hard and soft sores?—Yes.

5090. *Chairman.* To return to a question that was put to you by Dr. Wilks. I do not clearly understand how you consider the poison gets into the system, where there is secondary disease without the presence of a primary lesion or sore?—I would explain it in this way; under or with a normal condition of the mucous membrane and its secretion, the more superficial layers of cuticle are gradually detached, leaving subjacent adhering cuticle still covering the cutis; but when the mucous membrane has been subjected to the long continued irritation of accumulated secretion, as in phimosis, or want of cleanliness, then the membrane is rendered unhealthy, and during the friction of coitus the whole of the cuticle is rubbed off: the surface of the cutis vera becomes exposed to the contact of the poison, and thence absorption may occur, notwithstanding the absence of what is ordinarily termed "a primary lesion or sore."

5091. You think that it is absorbed through the cuticle?—No; I think that the layers of cuticle which naturally defend the cutis, are shed or torn off before their proper period, and that consequently the secreting and absorbing surface of the true skin becomes readily accessible for quick absorption.

5092. Do you think that it frequently happens, or is it compatible with the physiology of the skin, that the syphilitic poison should be

imbibed through it, or should percolate through it, or be absorbed through it, without any actual abrasion or destruction of surface?—Certainly. *Mr. Hilton.* 30 June, 1865.

5093. Do you think that syphilitic disease pervades society pretty largely in some of its insidious forms, giving a character to other diseases?—I do not; it is not in accordance with my experience certainly; I mean amongst decent society.

5094. Is there any other point as to which you have any information to give to the Committee?—No; except with reference to the unmitigated abuse of mercury, as a remedy for syphilis. I feel very strongly as to the necessity of controlling and regulating the quantity of mercury administered internally. I do not think it right for a surgeon employing mercurial inunction to prescribe simply that mercury should be rubbed in; I would say, rub in ten grains, fifteen grains, or twenty grains at a time—he ought to order a certain defined quantity.

5095. How do you suppose the mercury operates or cures; do you think it exercises a specific influence over the syphilitic disease, or that it rather produces an influence on the system which is unfavourable to the progress of syphilis?—I do not think that any of us know exactly how mercury acts. I have an idea about it, which is, that probably it deteriorates that which is poisonous, it then becomes effete, and is excreted, and enables the general health in that way to recover itself.

5096. Then it would not be unreasonable to say that it works its effect by improving the health; it neutralises the influence of the disease, or sets up an action which is antagonistic to its progress?—I believe that mercury acts upon badly organised tissues, or tissues that are not complete in their formation. I think that that might apply to the blood; that mercury gets rid of those parts that are deteriorated, and are rapidly disposed of, and then the general health resumes its proper condition.

5097. You think that it acts upon the emunctories of the body; upon the skin, the liver, and the kidneys?—Yes, and by deteriorating the poison in some way that I cannot understand.

The witness withdrew.

Friday, July 7, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Prescott G. Hewett, Esq. (Surgeon to St. George's Hospital), examined.

5097*. *Chairman.* I presume you recognise the constitutional disease called syphilis?—Yes. *Mr. Hewett.* 7 July, 1865.

5098. Have you seen a good deal of venereal disease in and out of Hospital?—Yes, I have, and abroad also.

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5099. Where?—In Paris.

5100. Were you in Paris as a student?—I was in Paris for four years.

5101. Did you study under Ricord?—Partly under Ricord, but the greater part of what I know about syphilis has been from what I have seen in our own hospital.

5102. Do you divide sores into hard and soft, or constitutional and local, or what division do you make?—I divide them into hard and soft.

5103. Do you think that constitutional symptoms follow exclusively hard sores, or have you seen them frequently follow soft sores?—I have seen them follow soft sores.

5104. Frequently?—I should say occasionally.

5105. Is the soft sore which produces secondary symptoms, soft throughout its entire progress, or does it become a hard sore in its first stage, prior to producing secondary disease?—I have seen soft sores soft throughout their whole course, mere excoriations, without any hardness at all, and I have seen secondary symptoms follow those excoriations.

5106. With regard to the groin I believe, as a rule, there is a great difference in the character of the glandular enlargement in the hard and the soft sores?—Yes.

5107. In a soft sore that runs on into suppuration?—Yes.

5108. In about what proportion of cases do you think suppuration follows enlargement of the glands, consequent upon a soft sore?—That is a question that I can hardly answer, but I have seen it; there are so many extraneous circumstances in any given patient, or in any large number of patients which may possibly lead to suppuration, but which would not lead to suppuration under different circumstances; I mean independently of the sore.

5109. Did you ever see the hard glands suppurate?—Never. I mean, not those glands of the size of the top of one's thumb, they always remain hard.

5110. If any patient called upon you for surgical advice with a soft sore, I presume you would be very unwilling to pronounce positively that that patient would be free from secondary symptoms?—Certainly.

5111. And yet the chances are that in a large majority of cases he would be free?—Yes. I should say in a very large majority of cases; but every now and then one comes across exceptional cases, at least which are so to us apparently, in which a soft sore leads to secondaries.

5112. Have you observed any difference between the secondary disease following a soft sore, and that which follows a hard sore?—I cannot say that I have.

5113. Do you treat a primary sore with mercury?—If I have a notion that it will lead to secondary disease, I do; but, if my impression is that it will not, I should certainly not do so.

5114. The employment of mercury depends, in your opinion, upon the probability or the non-probability of secondary disease?—Yes.

5115. Am I to infer from that, that you consider the treatment of a primary sore by mercury has some advantage beyond the mere healing of the sore, that it prolongs the interval before the appearance of the secondary disease, or that it limits that disease when it does appear?—The reason generally why I have given mercury, if I supposed a patient would have secondary disease, was first to heal the sore, and after that, hoping that there might perhaps be less contamination.

5116. Do you mean less liability to contamination, or a smaller degree of contamination?—A smaller degree of contamination.

5117. Can you call to mind having had under your care any case or cases of indurated sores which you have treated with mercury, and in which secondary disease has not followed; that is, have you averted the secondary disease absolutely by mercury in any case in the early stage?—No, I could not say that.

5118. Do you think that it modifies it, or moderates it?—I think it moderates it. I think it lessens the intensity of it.

5119. It is your strong impression that mercury given for the primary disease exercises, to put it in general terms, a beneficial influence upon the secondary disease?—Yes.

5120. Have you ever tried escharotics or excision in a certain form of sores?—No.

5121. Have you no faith in it?—I have never tried it.

5122. Why do you not adopt it?—In most of the cases that I ever see the sore has existed for several days, and therefore I suppose that whatever mischief is to be done is already done, before I see the patient.

5123. Suppose you saw a case very early, upon the very first manifestation of a deposit, would it alter your mode of treatment?—It would, if I were to see the case at the very earliest period possible for any sore to appear.

5124. I am supposing that the deposit was palpable to the eye or to the touch?—Yes, then I should destroy it by some means or other, either by escharotics, or cutting out.

5125. Do you think that sores on the genitals, as a rule, will, without exception, produce their like—in other words should you look for a soft sore in a female who produced a soft sore in your patient and *vice versâ*, a hard sore from a hard sore?—That is a question which I am unable to answer, I have not had an opportunity of looking into that question.

5126. Do you believe that a man can have syphilis only once in his life?—I have been taught to believe so.

5127. Have you seen any evidence against it?—No.

5128. Do you think that syphilis can be produced, under favourable circumstances, such as dirt and dissipation; or, under any circumstances, can it be produced spontaneously?—That I could not answer.

5129. Do you believe that secondary disease is communicable from one sex to another?—That is a question I should not like to answer. I have had no experience about the matter.

5130. How do you treat secondary disease in the form of eruption and sore throat?—With mercury generally—that is to say, if there is no disease of the bones.

5131. I am speaking of the secondary disease in its first onset?—Then I should treat it with mercury.

5132. In what form do you give it?—Sometimes I fumigate—generally by fumigation.

5133. Do you think there is any special advantage in one form over another?—I think that in weak persons, and persons who are very likely to be knocked down by a mercurial course, which must be continued for some time, I should use mercurial fumigation.

5134. To what extent do you carry it?—To the slightest extent, just telling itself upon the gums, producing a sponginess of the gums, or a mere little red line along the gum close to the tooth, just the slightest indication.

5135. Have you formed any opinion as to the mode in which mercury combats syphilis?—No.

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5136. Do you consider it in the light of a direct and specific antagonist to the poison of syphilis, or that it produces some condition of the constitutional health under which the syphilitic poison dies, as it were, a natural death?—I should feel more inclined to adopt the latter view.

5137. Do you believe that the disease which is called tertiary is in a direct line, and forms an integral part of the syphilitic disease, or is it the product of an impaired state of health consequent upon both disease and treatment?—Do you mean under mercurial treatment?

5138. I mean under any treatment, do you believe in tertiary syphilis?—I should take it more as a matter of health.

5139. Do you believe that the character of a sore, which a man takes after intercourse, is dependent upon the peculiar poison which he has imbibed, or upon the character of his constitution, or upon the locality of the sore?—I think it is dependent upon the constitution.

5140. You think it depends upon the character of a man's constitution in some large degree?—Yes; as to what form of sore he will have.

5141. Have you read the Contagious Diseases Prevention Act?—I have not. While you are upon the subject of mercurial treatment there is one point that I should like very much to mention, and as to which I have had some little experience; it is simply in reference to mercurial fumigations for secondary sloughing sores in various parts of the body. Some four or five years ago I was attending a clergyman who had, he said, a sloughing sore on the penis; he had taken very large quantities of opium, and, in fact, he had been drugged by it; the greater part of the glans penis was destroyed, the prepuce was hanging over—it was eaten through—and the penis was peeping through it. Nothing that I could give the patient would stop this; and, at last, I undertook to apply mercurial fumigations to it, and in twenty-four hours the whole thing was stopped.

5142. By general fumigation?—No, local fumigation to the penis. I went on with the mercurial fumigation and it got quite well. Sometime after a gentleman came to me with a very large sore on the leg, which was secondary syphilitic ulceration, occupying the whole of the outer surface of the leg, from the knee right down to the heel, and he was suffering intense agony, so much so, that he had not slept for nights; he came up from the country, and he had taken opium to a very large amount, and chloroform. I told him what happened to the other patient's penis, and he went and bought a mercurial fumigating apparatus and put his leg into it, and in twenty-four hours the whole of the ulceration was stopped, and it healed perfectly under the mercurial fumigations. Since that time I have invariably, in all cases of sloughing sore throats, made use of mercurial fumigations—so much so, that in our hospital now it goes by the name of the "teapot treatment." It is always done by means of a teapot, the spout being put into the mouth of the patient; and, constantly, I have seen the very worst forms of sore throat treated with mercurial fumigation, and it has invariably stopped the disease. Another gentleman, last year, had a bubo in his groin—I opened it, and then it took on syphilitic ulceration, and a sloughing sore ensued; he had secondary disease at the time, and I could not heal it. I applied mercury locally by fumigation with the apparatus, and the whole thing healed.

5143. What quantity do you use?—From 10 to 15 or 20 grains of calomel.

5144. Do you believe that the syphilitic disease pervades society much?—I should say so, most assuredly.

5145. Do you think that it modifies diseases?—Yes, from what I have seen most assuredly; and there is no knowing where you get to with it—there is no knowing what modifications it will produce in various other diseases.

5146. Would it not be a very great desideratum to find a means of arresting its progress?—Most certainly.

5147. The Contagious Diseases Prevention Act is limited to certain localities, 11 in number, chiefly sea ports and garrison towns, and it empowers a magistrate to take up any prostitute and place her in a hospital, for a term not exceeding three months, but there must be some grounds for suspecting that that woman is the subject of disease. Is it your opinion that if a more general supervision of that unfortunate class of persons were established by law, it would tend to a diminution of the disease?—I believe that in London as well as in Paris a great deal of syphilis exists, independently of prostitutes, that is, in women over whom no supervision could be exercised—I mean, amongst females, who are not what are commonly called prostitutes.

5148. *Mr. Quain.* But you would consider it useful to get rid of the disease, as far as possible, amongst prostitutes—that being a step in the right direction?—Certainly.

5149. Could you furnish the committee with a register of hard and soft venereal sores from your hospital?—No.

5150. Have you ever seen the syphilitic or constitutional disease treated without mercury as a system?—No; it was so treated long before my time, at St. George's Hospital.

5151. Have you seen the local mercurial fumigations, which you recommend, produce any general effect upon the system?—No; the cases I have referred to were cases of phagedena and sloughing sores.

5152. Would you use mercurial fumigation in a common case of phagedena, occurring in a syphilitic person?—If I had reason to suppose that it proceeded from venereal disease.

5153. Or was superadded to venereal disease?—Yes, certainly.

5154. Have you considered the question whether there are two poisons or only one poison in syphilis?—I have not. I suppose you mean by that simply syphilitic disease, and not gonorrhea.

5155. I am speaking entirely apart from gonorrhea?—Then, I have not.

5156. Have you seen much of the effect of syphilis in children?—I have seen some cases.

5157. Have you enquired into the condition of the parents in those cases?—No; I have had no opportunity of doing so.

5158. Have you treated those young children with a form of mercury?—Yes.

5159. Have you observed the disease in children from six to ten or twelve years of age—have you traced it in them by any peculiar marks?—No, I have only seen it in infants.

5160. *Dr. Wilks.* Referring to the last question, I would ask you whether you do not recognise hereditary syphilis in children after they are two or three years old?—I have no data to go upon to enable me to answer that question.

5161. Have you any opinions to offer with regard to the opinion expressed by Mr. Hutchinson as to the teeth?—No, I have not.

5162. Nor as to the affection of the eye, which is said to come on at five or six years of age?—No.

5163. I think you stated that in most of the cases of primary syphilis which have come before you, it was too late to apply any abortive treatment, as you believed that the constitution was already affected?—Yes.

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5164. Can you state what are the fewest symptoms which denote that a patient has had constitutional syphilis?—I look principally to the glands.

5165. If a patient had had induration of the inguinal glands, or any others, and no further symptoms, should you consider that he had had constitutional syphilis?—I have had cases under my notice in which my conclusion was, in consequence especially of a number of small, indurated, marble-like glands in various regions—the groins, the sides of the neck, the axillæ, the nape of the neck—that the patients were affected with secondary syphilis. In these cases there was a history of a slight sore throat and a slight eruption, the traces of which had, however, disappeared.

5166. Do you think that the sore throat is a necessary symptom?—No.

5167. Is a rash necessary?—No, not positively.

5168. And there had been, I suppose, in the cases referred to, a primary sore?—Yes; there was supposed to have been a primary sore.

5169. Was there any mark?—There was.

5170. You think that there might have been induration of the glands with none of the ordinary symptoms which are called secondary symptoms, and yet that the man had been constitutionally affected?—I think so; and that the symptoms might show themselves at some future time.

5171. Have you ever seen constitutional disease where there has been no trace of a local sore?—Yes.

5172. What is your theory as to how the poison is obtained?—I have always thought that there must have been some sore that the patient did not know of.

5173. You do not think that it may have been taken from a woman with secondary disease?—I have no means of saying; but I have always supposed that it was from some sore, perhaps an excoriation that had healed in a day or two, and the patient had not paid attention to it.

5174. *Dr. Babington.* Do you often find that soft sores heal and get well without any bubo following?—Yes.

5175. In what proportion of cases do you think that happens?—I cannot say; but I have often seen them.

5176. Do you think they occur in half the cases you have seen of soft sores?—Yes; I should say that I have seen a large number of soft sores without any bubo, and the sore has healed.

5177. Have you often seen hard sores without a bubo following?—I know of one case where it was so; where there was an immense deal of hardness round about what was supposed to be a syphilitic sore, but no bubo.

5178. Were there any secondary symptoms in that case?—None whatever; it may have been a mistaken diagnosis, but if so, it was the diagnosis of one of our greatest surgeons—that it was syphilitic.

5179. Have you ever found in the secondary disease a secondary patch upon the surface, when there has been a difficulty in distinguishing syphilis from scrofula?—That is a question which I cannot answer. There are many cases in which it is difficult to say; it is doubtful and difficult to say whether it is syphilitic.

5180. Have you ever witnessed the ill effects of over-dosing a patient with mercury, producing violent salivation?—No; I have never seen that.

5181. Do you believe that the tertiary symptoms depend upon the previous exhibition of mercury?—No; I do not. I believe they may come on independently.

5182. Have you ever seen them when no mercury has been exhibited?—Yes; I have seen tertiary symptoms where there has been no mercury used, and where there has never been any supposition of disease.

5183. Have you much faith in iodide of potassium?—In bone affections I have.

5184. And in sarsaparilla?—No.

5185. How do you use mercurial fumigation—how is it practically done?—Merely by the application of the mercury locally.

5186. But how do you produce the fumigation; is it by heat and the use of a spirit lamp?—Yes; underneath the teapot.

5187. Have you ever tried it in chronic cases in children?—No; but I have in phagedena or in hospital gangrene, but unsuccessfully.

5188. *Mr. Cock.* In giving mercury, are you much guided by the constitution of a patient?—Yes.

5189. Would you give mercury where the constitution was bad?—No; not internally. I would use mercurial fumigation.

5190. I mean for a primary sore in a person whose habits of life and whose strumous constitution rendered his powers very weak and low?—I should begin, in a case like that, to build the man up, and afterwards, if necessary, I should exhibit mercury in fumigation; but I should build the man up first, and strengthen him as much as possible.

5191. The fumigations would not be local but general?—Yes.

5192. You stated that you continued the use of mercury until the gums became affected?—Yes; slightly affected.

5193. Is it necessary that the gums should be affected in order to produce a useful effect from the mercury?—No; I merely take it as an indication. I have seen effects produced which were perfectly beneficial, without the gums ever having been sore at all.

5194. Then you would not continue it?—No.

5195. Do you use mercurial ointment much?—Very rarely.

5196. *Dr. Donnet:* If ablution were practised after sexual intercourse, would you say that the individual ran less risk of infection?—Yes, probably.

5197. Do you believe that the virus may lodge in the skin or mucous membrane for any time without causing infection?—Not for any time.

5198. Have you ever tried inoculation?—Never.

5199. *Chairman.* Have you any other special views that you would wish to put before the Committee?—No.

The witness withdrew.

Achille Vintras, Esq., M.D., M.R.C.S. (Physician to the French Dispensary), examined.

5200. *Chairman.* Have you had large opportunities of observing and studying the syphilitic disease?—I have seen a great deal of it.

5201. Where have you studied it, in Paris or in London?—I have studied it both in London and in Paris.

5202. Were you long in Paris?—I studied there for six consecutive months, and I am in the habit of going there every year.

5203. Then I presume you have chiefly acquired your knowledge and experience in London?—Yes.

5204. You are attached to the French Dispensary?—Yes.

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5205. Do you believe in the individuality or the duality of the venereal poison?—I believe in the duality of it.

5206. You think that the various sores are dependent upon two distinct poisons?—Yes.

5207. Have you seen soft sores produce secondary disease?—I have not seen soft sores produce secondary disease, but I have seen sores that appeared to be soft at first become indurated, and then they have been followed by secondary symptoms.

5208. You have seen no soft sore produce secondary disease, but the sore that did produce secondary disease was a soft one at first?—Yes.

5209. What was the character of the enlargement of the glands in the groin?—Generally, at the time the sore became hard there was a hardening of the glands in the groin.

5210. I understand you distinctly to say that you have seen no soft sore, soft throughout its whole progress, which has been followed by secondary disease?—Yes.

5211. Then if a man presented himself to you with a soft sore, and that continued soft throughout, you could give him a guarantee that he would have no secondary disease?—I should tell him that I thought he would not have secondary symptoms. It is possible that induration may be so slightly marked as to escape being seen or known at the time, and in that case it would be an error of diagnosis, because it would have been a hard sore taken for a soft one.

5212. Is that what has been called a parchment sore?—A parchment sore is generally on the skin of the penis. I have seen it on the skin of the dorsum of the penis. I should call it a parchment sore if it was in a part that gave it that feeling.

5213. Would you not so call it if it appeared anywhere else?—Yes, if it gave the same feeling.

5214. Does a parchment sore precede secondary disease?—I think so. I should call it an induration.

5215. Will you describe what you mean by a parchment sore?—A parchment sore is a sore rather flattened; instead of being round, with a base like the ordinary base of an indurated chancre, it is more flattened, with rather irregular edges, and the feel of it gives the sensation of a piece of flat surface between the fingers, but it is not deep in the tissues, nor raised much above them.

5216. In point of fact it is a very partial and very slight deposition?—Yes.

5217. Do you think you can invariably determine, by the character of a sore which a female has, what kind of sore will appear in a male?—Not always by the appearance of the sore in the female, for very often a syphilitic chancre in a female has no perceptible induration, and yet that primary sore, without perceptible induration, is followed by secondary disease in the female; but I should look for induration in the glands, or some other symptoms, that would lead me to find out what the character of the sore was.

5218. One would like to know what relation is held between an indurated sore and secondary disease, because you say that the parchment sore, which is attended with very slight deposition, is followed by secondary disease, but you acknowledge that a soft sore in a female, totally destitute of thickening, is also followed by secondary disease. Am I to infer that you attach little importance to the large induration which attends what is called an indurated sore in a male?—No., I do attach some importance to the amount of induration in a male, but I attach less to it in a female, for there does not seem to be so much induration in the case of a female as in the case of a male.

5219. Is there any relation between the large amount of induration in the male and the consequent symptoms?—Yes. I always look upon the size of the induration as showing or giving a prognosis of the future symptoms, or the severity of the symptoms that will follow.

5220. You infer secondary disease in the female rather in relation to the character of the glandular enlargement of the groin than to the character of the primary sore?—Yes.

5221. As a woman must be subject to both classes of sores, can you determine the sore that will be attended with secondary disease otherwise than through the glands?—Not with certainty.

5222. Do you think that the syphilitic disease is capable of being generated spontaneously under favourable circumstances for it, or that it must be handed down from person to person through generations?—There is no proof of it, but I think that under certain circumstances it might be generated.

5223. You are, I believe, well acquainted with the police laws of Paris upon the subject of syphilis?—Yes, and I have drawn up some notes upon the subject, in which I allude to those regulations in Paris, and which I should call *repressive* laws, the object of which is to prevent the extension of syphilitic diseases in Paris and in France. I have been recently in communication with one of the Commissaries of Police upon the subject.

5224. Do the French authorities consider that the law upon this subject has exercised a beneficial influence and checked the spread of syphilitic disease?—Yes, it has done so; and I think I can show the Committee very clearly, from the reports that have been issued, that there has been a diminution of syphilis in France since the laws have been in existence.

5225. What is the date of those laws?—I think the first law was passed in 1796, but it has been successively altered and re-altered according to what every Prefect of Police thought advisable to do. I think that the re-composition of the Dispensary took place in 1832.

5226. Will you be good enough to give the Committee an idea of the general laws which prevail in France as to the management of prostitution?—All the writers upon the subject have complained that the police laws are not stringent enough. *The registered prostitutes* are divided into two classes—first, the *free* prostitutes, or women "en carté," who are allowed to walk the streets under certain regulations, which are printed at the back of the "carte" that is given to them [*handing in one of the cards*]; they have to attend at the Dispensary once a fortnight, but it is quite evident that during that fortnight they have plenty of time to contract any disease, and, consequently, to spread it;—second, the women kept in *tolerated houses;* they are not allowed to go out for the purpose of prostitution, and are visited regularly once a week by the Surgeons of the Dispensary; more authority can be exercised over them than over the women who are free.

5227. What do you mean by the Dispensary?—There is a Dispensary in Paris which is called the Sanitary Dispensary, and there are eight surgeons employed there. Those eight surgeons have to examine the free prostitutes—those who have received a card, who have to present themselves once a fortnight for the purpose; and those surgeons have also to attend to the women living in the tolerated houses, who are visited once a week, and examined. All the examinations at the tolerated houses are made with a speculum, and the examinations at the dispensary are made with a speculum, but only once every other visit; that has been the rule for a very long time.

5228. Do the women at all object to the use of the speculum?—No,

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but it would take up so much time that it is only used if the surgeons think it necessary. If a girl appears to be well she is not so examined, but, as I have before said, only once every other time. Then there is another class who are called the "*depôt*" *women*—that is to say, all the persons who are stopped by the police in Paris in the course of twenty-four hours, which, I believe, amounts, on an average, to eighty, are taken to the depôt of the Préfecture de Police, and then, if they are prostitutes, whether they are found guilty of whatever they may have been suspected or not, they are always examined by one of the surgeons before they are sent away. If they are diseased, they are detained and cured before they are sent home again.

5229. Do you mean that these eighty persons are arrested indiscriminately?—No, they are taken into custody for other offences, and I believe that, upon the average, about one-fifth of them are prostitutes; but only those are examined who are known to be prostitutes.

5230. The others are discharged if found to be innocent of any offence?—Yes. During a period of 21 years—that is, from 1812 to 1832—the number of prostitutes found to be affected with syphilis by the surgeons of the dispensary was 20,000, or nearly 1,000 per annum; and all those were sent to St. Lazare, or to a part of the hospital that is kept for them, and they were cured before they were sent away. I have made various extracts, giving a condensed history of prostitution in Paris, and which shew that the system pursued is not *permissive*, but *repressive*.

5231. Have you had any means of ascertaining whether the system pursued has influenced beneficially or otherwise the extent of syphilis in the community of Paris?—It is almost impossible to obtain any positive statistics as to the civil part of the population, but you will find among the papers I have handed in some extracts from the writings of Dr. Jeannel, of Bordeaux, who has published a book in which he gives some per centages of the disease among soldiers. For instance, taking 100 soldiers, it is shewn that there has been a diminution of venereal disease among soldiers by the stringency of the laws.

5232. That is, where those laws have been enforced?—Yes, shewing what the average was before, and what the average has been since. At Bordeaux, before the re-organisation of the system, the diseases among the soldiers were about 25 per cent., but it fell in 1860, 1861, and 1862 to 10 and a fraction, and then to 6 and a fraction. By another table, from 1858 to 1860, it appears that in 27 garrison towns in France, Paris was the lowest in the scale, the proportion there being only 3½ per cent. of diseased soldiers, whilst in other towns the proportion ranges between 5 and 25 per cent.*

5233. The men having access to Parisian women?—Yes. There is more temptation in Paris, because the men are better paid; they have more time on their hands, so that there is more idleness. The mean percentage for the whole of those 27 towns appears to have been 7 and a fraction, and the average duration of treatment 40 days.

5234. Do you mean for the primary and secondary diseases?—The primary. Then again in Belgium: taking 10 garrison towns for the years 1858, 1859, and 1860, the mean percentage was 9·80, 9·67, and 7·21. In Turin, from 1850 to 1853, previously to the sanitary reforms, the proportion of syphilis among the soldiers was over 20 per cent.; but after the reforms took place, in 1856, the proportion fell to 11 and a fraction, in 1857 to 12 and a fraction, and in 1858 to 9 and a fraction.

5235. Have you had some experience as to the women of London

* See Appendix, No. 5

whom you have visited occasionally in a professional capacity?—Yes. I have visited in my professional capacity one or two houses where women, perhaps of the better class, were kept. I think I visited them for nearly two years, but those houses are now closed. *Dr. Vintras* 7 July, 1865

5236. When you so visited those houses did you find that the women were disposed to submit to your requirements with respect to examination?—Yes, there was no difficulty about it; it was quite voluntary on their part, and what is more, the women themselves had to pay a small sum for being visited and examined. I used to attend two houses, and I think one of them, during the season, contained fourteen or fifteen girls, and the other perhaps a few less. I used to visit those women once a week, and I mostly examined them with a speculum. If any one of them was taken ill or felt ill during the week, I was always sent for immediately by the mistress of the house; and if, upon examining the woman, I discovered anything the matter with her, she was always kept quiet and secluded until she had quite recovered. If whatever she suffered from was serious, then, as a rule, she was sent to Paris.

5237. Were these all Parisian women?—Not all of them, some were English; but they were generally foreign women, Belgian, Dutch, and German, and a few French women. I should mention that it was the mistress of the house who imposed upon every woman the necessity of being examined once a week.

5238. Do you think, in case the law was made more stringent as to prostitutes, they would throw any difficulty in the way, or do you think that there would be any indisposition on their part to submit to examination?—I have no doubt that there would be a great deal. In France I believe it is the cause of there being so much clandestine prostitution, because the women object to go to a dispensary to be examined, knowing that they will be sent to a venereal hospital if diseased.

5239. Suppose that, instead of going to a dispensary, and then being sent, if diseased, to St. Lazare, they could be examined privately, at their own houses, do you think they would object?—That has been tried in France, and it was found that the women never were at home, or would not be seen, or changed their lodgings, and they evaded it in every possible way. These remarks, it must be understood, only apply to the *free women*. In the *tolerated houses* the women have not the least objection to being examined—they submit readily to it, and in fact they ask for it, as soon as they find that there is something the matter with them.

5240. Do you think that an extension of the Contagious Diseases Prevention Act, and placing prostitutes under more strict surveillance would be calculated to diminish the extension of syphilis?—I am certain that it would.

5241. *Dr. Wilks.* Do the doctors discriminate in setting aside these women as to the disease from which they suffer?—They write on their card a short memorandum of what is the matter with them, and with that card, without seeing their friends again, they are put into a vehicle and are immediately sent from the dispensary to St. Lazare.

5242. All the women who are suffering from any genital disease?—All those with any kind of sore.

5243. Or discharge?—Any kind of sore. There is a diagnosis of their state put on the card, which is forwarded to St. Lazare.

5244. Do the doctors consider it necessary, if a woman has a sore of any kind, that she should be put aside?—Yes, always, even a discharge, if in the acute stage.

5245. If she has constitutional disease and a discharge?—There

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comes the difficulty, for, by some, secondary symptoms have been looked upon as not contagious, and women have been set at large with secondaries, or suffering from secondaries. But now, I believe, they are always sent to St. Lazare as soon as they are found to be suffering from any secondary disease, with local affections.

5246. Without any local sexual disease upon the genitals?—That I cannot say. I do not know. It is left to the discretion of the doctors of the dispensary.

5247. They consider it safer to send to the infirmary all women having any disease about the genital organs?—They always do. They do not even let them go home to see their friends.

5248. *Dr. Babington.* Have you any notion of the proportion that exists in Paris between the public prostitutes who are diseased and the clandestine prostitutes who are diseased?—I think the proportion will be found in the papers I have already handed in. It is generally 1 in 6 among the unregistered prostitutes.

5249. Does that include dressmakers and servants, and every other class who may spread the venereal disease?—It includes all those who practice prostitution in a clandestine way. In 1854 the average of disease amongst women in tolerated houses of Paris was 1 in 176. In tolerated houses of the suburbs, 1 in 102; and of the registered women ("en carte") 1 in 376; whilst amongst the non-registered (the clandestine, those who escape the regulations of the dispensary) the proportion of syphilitic diseases has never been less than *one* in *six*.

5250. *Mr. Quain.* Why do you believe that there are two viruses?—Because if there was one single virus and that virus developed itself sometimes as a soft chancre, without being followed by secondary symptoms, and sometimes developed itself as a syphilitic sore, followed by secondaries, I should doubt very much whether there was a syphilitic virus at all; for if that virus was only left to the constitution to develop itself into secondaries or not, one should regard the appearance of any consecutive symptoms as nothing but a morbid predisposition, independent of the nature of the primitive infection.

5251. Does M. Ricord now maintain the view, which he did in former years, with reference to the unity or the duality of the virus, exclusive of gonorrhea?—I think that theoretically Ricord believes only in the first, the unity of the virus, but that practically he believes in the duality of the chancrous virus.

5252. Have you read his most recent lectures, edited by Fournier?—Yes.

5253. Does he not there admit clearly that there are two forms?—Yes, practically; but he ends by saying that "the duality of the chancrous virus is only an hypothesis which the future will judge; the unity of the syphilitic virus is a truth already judged by time and experience."

5254. What are the grounds upon which M. Bassereau, and subsequently M. Fournier, came to the conclusion that there are two viruses?—Because both they and Messrs. Clerc, Diday, Rollet, and Guérin have established that if the two chancres were different in their species they were also in their origin, since in all cases where a positive diagnosis had been made they always reproduced themselves in their own form, the one never becoming the origin of the other; hence their belief in the existence of a double virus.

5255. Did they not draw their conclusions also from confronting the male and the female?—Yes, they did; and Ricord gives, perhaps, one of the best proofs against the unity of the chancrous virus, for he gives six cases of men who received a chancre from the same woman;

each of those six men suffered from a syphilitic chancre, and from constitutional syphilis. In that case those six men could not possibly have had the same constitution, then how is it that one of those men did not suffer from a soft chancre?

5256. Have you had any experience as to the prevention of disease by using a lotion?—It has been largely used in Bordeaux. I believe it is largely used by all the prostitutes in France, and there is this fact which is very clear, that it certainly prevents gonorrhœa. But if you take the statistics of M. Fournier, you will find that almost all chancres are generally derived from prostitutes—I think two-thirds; whilst gonorrhœa is generally derived from servants and milliners, and people who do not make prostitution their sole business.

5257. What is the composition of the fluid?—It contains several things, but a description of it is contained in the papers I have handed in—alum is generally used by the women.

5258. With regard to the use of abortive treatment, or escharotics, in what class of cases do you think they are useful—is it in the hard or the soft chancre?—I should not use escharotics proper in any case, because I believe they do more harm than good. In the soft chancre they are unnecessary, because they merely increase the size of the sore, without doing any good. The surface of the ulcer can be modified without increasing the size of the lesion, or injuring the healthy tissues. In a hard chancre they are perfectly useless, and almost always cause an increase of the induration of the base, and of the glands in the groin.

5259. Are there very strict rules in the Army and Navy of France, so far as you know, for preventing the spread of the disease?—There cannot be in France any rule made by the military authorities against prostitutes—all that is civil; but the men in the garrison towns are visited, I believe by the army surgeons once a month, or they ought to be.

5260. If I understand you rightly, you look upon the tolerated houses as the perfection of the French system?—Yes; but the tolerated houses will not be sufficient to receive all; as long as there are single men, there will always be prostitutes, and you cannot shut them all into houses; but in tolerated houses they are more under the supervision of medical men than if they are left free.

5261. That you consider to be the perfection of a preventive system; and if all prostitutes were placed in some form of tolerated houses, it would, in your judgment, be the safest plan for the public?—Certainly.

5262. *Dr. Babington.* Suppose the police know that a man is living with a woman to whom he is not married, have they any right to interfere with that woman?—No; but there are some police regulations by which a prostitute is forbidden to live with a man, and she requires a special permission to live in furnished apartments. There are certain rules which the Committee will see in the papers I have handed in, which are rather complicated, against their doing anything of the kind.

5263. *Mr. Spencer Smith.* That means when they have once come under the law, does it not?—Yes.

5264. *Dr. Balfour.* Referring to the houses in London, have you found much disease among the women?—Very little indeed, so far as the genital organs were concerned.

5265. *Chairman.* These were practically in the category of tolerated houses?—Yes.

The witness withdrew.

Tuesday, 11th July, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Lawrence, Esq. (Serjeant-Surgeon to the Queen, and Surgeon to St. Bartholomew's Hospital), examined.

Mr. Lawrence. 11 July, 1865.

5266. *Chairman.* Have you any doubt of the existence of a specific disease known as syphilis?—I have no doubt about it.

5267. Do you include under that term all venereal sores caused by promiscuous sexual intercourse, or do you divide the sores into a simple one and a specific one?—According to my experience there are several distinguishable sores resulting from infection obtained in sexual intercourse. I do not consider syphilitic sores in the same light as a small-pox or cow-pox pustule; they have not the regular character and progress which those have; there are several sorts.

5268. I wish, at present, to confine my enquiry entirely to every sore that is called a syphilitic sore?—I term all sores syphilitic that come from infection in sexual intercourse. The appellation is just as applicable to one sore so obtained as to another.

5269. How do you distinguish a syphilitic sore from every other variety of sore; are they readily distinguishable?—I do not know of any primary ulcer distinguishable from all others as syphilitic, the various sores that I have spoken of are to me all equally syphilitic.

5270. Do you mean to say that all those sores are equally prone to produce secondary disease?—It would require very extensive experience and long observation to answer that question, and I will not say, because I am not sure about it. I think that they are all capable of producing it, except the sloughing affections. I have not observed any in the sloughing sore, if you choose to call it a sore: I do not find that it is followed by secondary symptoms; the local effect in that case seems to exhaust the whole influence.

5271. Selecting out of that variety of sores the one description which is marked by induration in some degree, and from mere thickening up to cartilaginiform induration, have you observed that that class of sore is invariably, or almost so, followed by secondary disease?—I should expect it to be followed by secondary disease.

5272. You have remarked, no doubt, a great distinction in the character of the enlargement of the glands of the groin in the case of an indurated sore?—No; I have not.

5273. Have you often observed suppurating sores in the groin to follow a hard sore?—I think not.

5274. Have you often observed indurated glands in the groin to be an accompaniment of a soft sore?—I know nothing about soft sores.

5275. You know the hard sore?—I know that the base of a sore is hardened in some instances; but I do not know of the hardness of the sore itself.

5276. I mean a sore based upon induration?—If you mean by a soft sore one that has not a hard base, that is a thing I can understand.

5277. Do you think the poison in all these sores is identical?—I have not any opinion about it. I know nothing about a poison; "virus" is only a word like "caloric," it represents an unknown cause of phenomena; at least I know nothing about a virus.

5278. You have, of course, often heard the question raised between the unity or duality of the syphilitic poison?—Yes.

5279. To which opinion do you lean?—I know, as a positive fact, that there are different phenomena; but whether they come from one cause, or whether they come from many causes, I do not know.

5280. That is to say, you do not entertain a very positive opinion upon the subject?—I have no ground for an opinion as to poisons. I do not know what the poison is, or whether there is one or many.

5281. Do you think that the variety of these sores, to which you have alluded, is dependent upon the specific character of the pus, or the virus, or upon the constitution of the individual receiving them?—I have no decided opinion upon the point.

5282. Nor with regard to the locality?—None; except that the locality of a sore is a fact that is known.

5283. Do you believe that syphilis was introduced into Europe at the termination of the 15th century?—Not the least. I have no belief of the kind.

5284. Do you believe that, under any circumstances favourable to the production of syphilis, the syphilitic disease may arise spontaneously from intercourse between the sexes?—I do not think that promiscuous intercourse between the sexes can take place without syphilitic disease arising sooner or later. That is my opinion.

5285. With respect to the primary syphilitic sore, have you any data on which to determine when the constitution becomes involved?—Not the least; no data whatever.

5286. Because upon that would depend the practicability of the treatment by what is called the abortive system?—Yes.

5287. By excision, or by escharotics?—Yes.

5288. Have you at all practised that method?—I should practice it if I saw what I supposed to be a venereal sore at an early period of small size. I should not venture to say that the constitutional symptoms would not occur almost at any period, for one does not see these things so very early. They have gone to a certain point before they are made the subjects of professional observation. I should have a good opinion rather of their not taking place if I saw a sore within four days.

5289. Would you then be disposed to try escharotics?—Yes. I should apply them even later, because there would be no harm done.

5290. As a rule, which must necessarily have many exceptions, you think that the entire removal of the local disease at the end of the fourth day would be attended with beneficial results as regards the non-development of disease?—I should feel so; but one sees people so irregularly, that you do not know what the result is. It is quite vague, and one can hardly have any experience to show that in a dozen cases it does follow, and that in twenty cases it does not. The circumstances do not admit of it.

5291. Have you ever observed an indurated mass without ulceration upon the surface?—Yes, I have; and, in fact, induration, as I

Mr. Lawrence. have observed it, I think hardly ever occurs at the beginning. It is rather subsequently to the breach of surface.

11 July, 1865. 5292. Presuming that there is no breach of surface, how do you suppose that the poison gets into the system?—I have not the least idea. The surface is perfectly natural for a week or two weeks, and on to seven weeks perhaps. It is just as natural as any other part of the body. How the poison gets in surpasses my comprehension.

5293. Do you believe that if the virus laid in contact with the mucous membrane for twelve or twenty-four hours it might be absorbed through it, or imbibed?—I know nothing about that; but it always struck me as a very remarkable circumstance that the skin should remain perfectly sound at the end of five or seven weeks sometimes, and then there should come a sore. I cannot explain that.

5294. You are no doubt aware of the experiments made by Mr. Ceeley, of Aylesbury, who placed the vaccine matter on the external integument, and it became absorbed?—No. I did not know that he had done that, but I believe he has tested that matter in all possible ways. I do not know all that he has done.

5295. If that be true, would it be any stretch of imagination to believe that the same thing might take place with the syphilitic matter?—Only that the application is so fugitive, and the surface may be washed over every day after the venereal poison has been applied.

5296. It may or may not be. Have you ever observed two varieties of sores upon a male at the same time?—Yes.

5297. That does not surprise you?—Not at all. I have seen two varieties in one and the same sore frequently.

5298. Are there two poisons?—No. It depends upon the structure in which it takes place, and the greater or less quantity of the subjacent cellular tissue, one half of the sore being indurated, and the other half being without induration. That is not uncommon.

5299. You are not of opinion that sores necessarily produce their like?—I do not believe that they do, so far as my observation has gone, but there have been but few instances in which I have had an opportunity of seeing a sore, and also the effect, but in those which I have seen there has not been a correspondence.

5300. The opportunities of obtaining that information in this country are extremely rare?—Very rare. There are but few instances. I have been struck by the circumstance that the things do not correspond, because that has some bearing upon the causes of the difference in sores, and suggests the notion of individual peculiarity.

5301. Do you believe that one attack of syphilis exempts a man for life from a repetition of it?—Not in the least.

5302. And he is not to be syphilised?—Syphilised! I trust that that abomination will never be practised in England—that is my opinion about syphilisation.

5303. My question was whether you think syphilis can occur a second time?—Yes.

5304. Do you use mercury largely in the treatment of the primary sore?—Do you mean whether I use mercury very frequently in the primary symptoms, or whether I use a large quantity in the treatment of them?

5305. I will take both.—My practice generally in treating the primary symptoms is to use mercury, not largely—when I say not largely, I mean that, in the first place, I use the mildest form of the remedy. I give it in moderate doses.

5306. What do you call the mildest form of the remedy?—I give the mercury with chalk.

5307. In what dose do you give it?—Three grains two or three times a day. I seldom exceed that quantity, or go to any other form. When I want to produce an effect quickly I use calomel.

5308. Have you observed that the treatment of the primary sore by mercury gives your patient exemption from secondary disease, or that it prolongs the interval before the appearance of the secondary disease, or that it modifies and moderates the secondary disease when it appears?—I cannot tell any of those things.

5309. Then why do you use mercury in the treatment of the original sore?—Because I find that the thing goes on satisfactorily under that practice.

5310. Have you ever left sores alone?—No; but I have seen those that have been left alone, and certainly my experience of those has not at all induced me to repeat the experiment. I have seen the prepuce and the glans eaten away by phagedena through being left alone, when it might have been stopped with perfect certainty by mercury. I see commonly in hospital practice sores which have been left to themselves, and which have been going on for weeks and weeks, and which might have been healed easily by a mild employment of mercury.

5311. Do you think that there is a tendency in primary sores to run into phagedena?—No. I think that there is a particular kind of sore *ab origine*.

5312. Is phagedena syphilis, or is it something superadded, and independent of syphilis?—I know nothing of phagedena except as a sore on the sexual organs. I do not say that something might not appear elsewhere, produced by sexual intercourse, but that is all the knowledge I have of phagedena, in reference to these matters.

5313. Can you detect the phagedenic character in a sore at its first aspect?—I can only tell when I see the thing. I cannot say that a sore which is what I should call a simple venereal sore has anything in it that would induce me to say it will become phagedenic.

5314. Then it is something that is superadded from some change which the sore undergoes during its after progress?—The establishment of the sore to a certain extent is phagedena in the beginning—that is to say, there is a loss of substance, and there must be a breach of surface; but then the progress of a phagedenic chancre, and the way in which the parts are gradually eaten away are so characteristic that you cannot doubt about its existence when it comes. I do not know of any mode by which you can say that a sore which, in its origin is simple, will be phagedenic.

5315. Do you think that in any given number of primary sores which ultimately run into phagedena, the seeds of that phagedena are in them from the beginning?—I know nothing about seeds.

5316. The question is, may you have a sore, which, although not palpably phagedenic to the eye, shall be phagedenic in its essence?—That I do not know. We never have an opportunity to inoculate it; that is a thing which I never do, and never mean to do, and I have no evidence of that kind.

5317. The question is, how far phagedena is a form of sore incidental to peculiarities of constitution, and something, therefore, superadded to the primary sore which may have been of a simple or compound character, or whether that phagedenic character is inherent in the sore from its commencement?—I have no knowledge upon that point.

5318. Did you intend to include phagedenic sores, when, in the early part of your evidence, you said that you had not seen secondary disease follow upon sloughing sores?—No, on the contrary, phagedenic

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sores are most destructive. I mean an absolute death, a sloughing death, where a portion of the texture absolutely dies.

5319. Do you give mercury in phagedena?—Yes, that is the only way I know of stopping it.

5320. Do you treat it by means of the grey powder or calomel?—That is according to whether it is acute phagedena or chronic phagedena. I do not treat them exactly by the same means. Chronic phagedena goes on slowly, and there is nothing very remarkable about it, and it can be treated in a milder manner; but acute phagedena requires more active treatment, for it is a question whether a man may not lose a great part of his penis, or the prepuce, and it is necessary to interfere, therefore, actively.

5321. In the treatment of the secondary disease do you use mercury freely?—No, not particularly so.

5322. What is the test of the quantity that you use in any given case?—I should give about the same quantity in the treatment of the secondary symptoms as in the treatment of the primary symptoms.

5323. Should you stop when the gums became affected?—No; I should stop when the disease gave way. I think it is a great mistake to stop the treatment when the character of the sore alters, or the gums give way, because the end is not attained.

5324. How do you think mercury acts upon the syphilitic disease?—I know that it cures it; but if I were to speak in other language, which is sometimes used, I might resort to Mr. Hunter's account, and say that it produces an irritation in the constitution, which is inconsistent with the continuance of the venereal disease, and that is about equal to saying that mercury cures it. It does produce an unequivocal action upon the constitution.

5325. If you adopt the opinion that mercury is what is termed a specific for syphilis, of course you would be warranted in your own practice in giving it until the disease was cured?—If a remedy employed for any disease did harm rather than good, I should not persevere in it. I apprehend that syphilis is like other complaints, and like most it will come to an end in time.

5326. Do you think that the disease, if left alone, would, as a rule, die out?—Most of the particular symptoms may be seen to get right without a specific remedy.

5327. I should wish to call your attention to this point again. Mr. Hunter says that mercury produces a constitutional irritation, which is antagonistic to the venereal irritation?—Yes.

5328. That it produces a certain condition of the constitutional health, in which the venereal disease dies a natural death; but I think you go rather beyond that when you say that you go on until you have cured your patient?—I do not mean that I go on giving mercury continuously until the disease gets well, but I use mercury for the secondary symptoms; and I think the point you were then referring to was as to the effect produced on the gums; and what I mean to say is, that because the mouth gets sore I do not immediately stop the mercury. I look to the effect produced on the symptoms; that is what I meant. In respect to venereal sores, it is sometimes necessary to carry the mercury further than I have described. For it occasionally happens that sores do not yield to the quantity or to the kind of treatment I have mentioned, although they do generally. A sore that resists a moderate quantity of mercury will often get well by the use of a larger quantity.

5329. What is your opinion as to the probability of secondary disease producing primary disease in a healthy person?—I have not had

any experience. I do not know of secondary disease producing primary disease except you go to inoculation for it.

5330. Suppose the Legislature determined to compel all prostitutes with disease upon them to be put under treatment and restriction, should you think it safe for the community that women who were labouring under secondary disease should walk the streets?—The number and varieties of secondary symptoms is so great that the answer to this question must be vague. I am disposed to reply, certainly not. I could give no opinion on legislative interference without knowing its mode and agents. Information on the subject ought to be procurable from continental cities.

5331. It would afford, would it not, a very powerful incentive to induce the Government to adopt such regulations as would enlarge the knowledge of the profession on the subject?—I think that the result of such a proceeding, if it could be carried out effectively, would be highly interesting in a pathological point of view.

5332. And a very desirable one to be carried out?—I leave that to the judgment of the Legislature.

5333. Do you think that secondary disease can communicate primary disease?—Spyhilitic disease, so far as I believe, can be communicated to a female by intercourse with a male having secondary disease upon him; but the disease so communicated is secondary, and the female communicates the disease to her offspring in the secondary form.

5334. Supposing that after intercourse a man practises ablution immediately, do you think that would render him safe?—It is the safest course that I know of.

5335. Then suppose that twelve hours elapsed, and he practised ablution, would it render him free then?—That I cannot tell.

5336. Suppose it was proposed that the men serving in the Army and in the Navy should practice ablution daily, do you think it would render them less liable to disease if they had intercourse the following night with a diseased woman?—I should doubt it very much, from the experience that one has of the way in which it ordinarily takes place, because although persons wash themselves, and take care, yet after days and weeks the mischief sometimes appears. The practice of ablution is no doubt very good for their health, whether they have disease or not.

5337. *Dr. Babington.* Do you believe in any definite period of incubation in the venereal disease, that is, from the time it is contracted to the time it shows itself?—I have no particular belief about it; I do not know exactly what incubation means in this matter. Is it merely the interval of time between the application of the poison and the appearance of its effects?

5338. Yes; and whether it has any definite period?—The period is not definitive; quite the contrary. Until an appearance is produced, we do not know that anything has taken place.

5339. What have been the shortest and the longest periods that you have known after intercourse before the effect has shown itself?—I think the longest period I have known, that was unequivocal, was seven weeks. The appearance of a sore within ten days is at all events very rare.

5340. Do you find that a hard sore is longer in producing its effects than a soft sore?—No; I do not see much difference.

5341. Do you ever treat secondary disease with any other remedy but mercury?—I have seen patients who have had other remedies used, and I do not say that I should invariably use mercury.

5342. Have you any faith in iodide of potassium?—Very great faith; not in secondary disease generally, and not at all in the primary; but more particularly in the tertiary form of the disease.

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5343. Do you consider the tertiary symptoms specific, and as much syphilis as the secondary symptoms?—Tertiary sometimes are secondary, and *vice versâ*.

5344. Take a diseased bone, for instance?—I think, so far as the cause of the disease goes and the effects of the treatment are concerned, there is no difference whether the disease were among the secondary or tertiary symptoms.

5345. Do you think that it depends somewhat upon the constitution of the individual, for instance, in scrofulous persons and diseased persons?—I think it probable that differences of constitution and susceptibility have much influence.

5346. Do you often find that primary sores terminate without any buboes, or any other affection at all?—They do so not infrequently.

5347. Can you state in what proportion primary sores get well without any buboes?—I cannot assign any particular proportion. Much depends on the treatment.

5348. You do not acknowledge any difference between hard and soft sores as producing different effects—you think that a soft sore may produce syphilis as well as a hard one?—Yes.

5349. Have you ever seen phagedena on the penis of a person who has not had intercourse at all, as an independent disease?—Never.

5350. Have you read the Contagious Diseases Prevention Act?—No; I never read Acts of Parliament.

5351. Are you in favour of having prostitutes examined and registered, and of having the houses in which they live registered?—Such a course of proceeding I believe is carried on in certain continental cities, and I dare say the result of that practice is known there, and there is an opportunity of testing it by experience. But I do not know what the result is, whether it is favourable or unfavourable, *i.e.*, whether it does or does not diminish the amount of syphilis. I know this, that being consulted by persons who have got sores of unequivocal character, and having occasionally an opportunity of examining females, from whom it has been supposed they have been derived, I have sometimes, to my astonishment, not been able to trace any disease at all in the individuals from whom such sores have been so contracted.

5352. Have you used a speculum?—Not generally.

5353. The sores might have been situated high up?—Yes.

5354. Internally?—The speculum has afforded me only negative results.

5355. *Dr. Balfour.* After having treated secondary syphilis in the manner you have described, do the patients frequently have relapses?—I cannot tell. But the persons I have treated in private and in public, and who have recovered from an attack of secondary syphilis, may have them afterwards, because it does not follow that the same person will come to the same surgeon. I therefore cannot say. But unquestionably when one comes to investigate the history of the cases which come under one's observation, one becomes aware of this, that there have been successive manifestations of secondary syphilis from time to time, from which the patients have got quite well, and then sometimes, after a very considerable interval, they get bad again, and I think that that is one of the very annoying circumstances connected with syphilitic disease—the uncertainty of the cure. Our patients constantly want to know when they will be cured, and that is what I cannot tell them.

5356. At what period would you consider a patient safe against a relapse, so that he would be justified in marrying?—If a patient has had a primary sore which has got well, and wants to know when he

may safely contract matrimony, what I should tell him would be this, that if no secondary manifestations occur in twelve months, there is very little chance of their ever occurring at all, but that I cannot insure him.

5357. Have you had an opportunity of seeing any bad effects follow the administration of mercury given to the extent that it formerly was, producing as it did excessive salivation?—The thing itself became a serious evil. The influence of the mercury, in the way in which it was formerly given. All the patients in a ward, containing fourteen or sixteen of them, were using mercurial frictions, and being more or less in a state of salivation, the very atmosphere of the ward was contaminated, and they were properly called "foul" wards.

5358. Have you been able to trace any connexion between constitutional syphilis and the development of phthisis, or any other of those fatal diseases?—None. But I suppose that a phthisical person would have a greater chance of having the disease developed if he had a severe syphilitic affection.

5359. *Dr. Doznet.* In the great experience you have had of malignant ulcer, has it ever fallen under your observation to witness the effects of inoculation with the pus of this ulcer upon the individual bearing it?—I think it is not uncommon in very bad sores to see small ulcerations come in their neighbourhood. But whether they are absolutely of the identical nature of the sore, or the mere effect of the irritating property of the matter coming in contact with some portion of the skin I cannot say. I think we see small ulcerations coming around a bad sore in that way. But I am not speaking of syphilitic sores.

5360. Do you think that you have observed any similarity between this inoculated sore and a venereal sore which is not based upon hardness?—Sometimes in a female you find a secondary sore on the opposite surface, from the parts coming in contact. That is a venereal sore. As to any other sore, without being able to recall any particular instance, I have no doubt that if the parts came in contact in that way, there would be an influence exerted that would lead to the development of a sore.

5361. *Mr. Quain.* Did I rightly understand you to say that you treat acute phagedena with mercury?—Yes.

5362. Have you used mercury locally in the shape of fumigation?—Yes; and heretofore it was not a very uncommon thing. There was a fumigating apparatus kept in St. Bartholomew's Hospital, and the grey oxide of mercury was used of a mild kind. In bad ulcers of the throat, cinnabar was very commonly used at St. Bartholomew's Hospital but it has been left off for many years.

5363. Was it left off because it was supposed not to be useful?—It was rather too useful, for it had a very powerful action over the affected surface, and not infrequently it salivated the patients. The cases in which it was used were generally those in which a free mercurial action was not advisable. In bad phagedenic ulcerations of the throat, which, in fact, yield very well to other means, and especially iodide of potassium and other remedies.

5364. Have you at any time seen the constitutional disease treated without any form of mercury, as a system?—I have seen many patients who have had secondary disease, and who had undergone treatment from which mercury had been excluded. I do not use it in all cases myself, because there are differences of health, strength, and constitutional powers which would make that remedy ineligible. I do not know of any person who has, for any considerable length of time, as a system, treated all the secondary symptoms without mercury, but many such cases have come under my observation.

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5365. A good many years ago Mr. Rose and Dr. John Thomson, of Edinburgh, and others, so treated patients in army practice?—I knew Mr. Rose intimately during the time when he was prosecuting his researches as to syphilis.

5366. Do you know whether his practice was generally successful?—I do not doubt in any way anything that Mr. Rose has stated. I believe that he was a most accurate and trustworthy person, and, therefore, I implicitly believe all that he has represented. According to his account secondary disease was very common indeed in the instances in which he treated the primary disease without mercury. That is his own statement.

5367. Evidence has been given before this Committee that Mr. Rose did not continue the practice; his object having been to show that the disease would subside without mercury—not to get rid of the use of mercury altogether, but to diminish the quantity; moreover, that he did in fact, habitually treat syphilis with mercury, but in small quantities, after the publication of his paper in the *Med.-Chir. Trans.*, vol. 8?—I cannot speak to that, but I believe Mr. Rose undertook his investigation of syphilis in a strictly philosophical and sensible manner; that is, to leave the thing alone, to observe it, and to note what took place. I think that we are more indebted to Mr. Rose for our knowledge of the treatment of syphilis at that time than to any other person.

5368. Can you offer to the Committee any suggestions which might be useful in either diminishing the amount of syphilis, or in preventing the spread of it in the Army and in the Navy?—I am sorry to say that I have no observations to offer to the Committee on that subject.

5369. *Dr. Wilks.* Do you recognise any diseases arising from hereditary syphilis after the age of childhood in young people?—Yes; I have seen many instances.

5370. In what form of disease?—I have seen in a girl of about twelve or fourteen years of age necrosis of the upper jawbone, which contained four as fine incisor teeth as I ever saw in my life, and this arising from hereditary syphilis; there was at the same time a large node of the tibia. She was brought to me at the hospital by her mother, and one cannot make all the enquiries under such circumstances that one would wish to make; but, looking at the mother, I observed an irregularity of the bone of the face, and I said, "You have had something there," and she said, "Yes, and I have another here," pointing to the forehead. She was a sensible woman. I could see that she knew what my enquiry pointed to.

5371. It has been stated that in such cases there is a peculiarity in the teeth?—I cannot deny that, and I suppose that the person who has said that must have seen the thing; but in the case which I have just mentioned, and in another case which came under my observation at the same time, there were four as fine and well-formed incisor teeth as I ever saw, but the syphilis was quite unequivocal.

5372. Do you recognise any peculiar affection of the eye that might occur from hereditary syphilis?—You probably allude to the description given of corneitis by a gentleman for whom we all entertain great respect, but I do not adopt that view. I do not say that it is not correct, but I do not believe the things which he has mentioned as syphilitic to be syphilitic.

5373. You recognise the disease as a common one, but you do not attribute it to that cause?—Such appearances as have been described are not uncommon.

5374. *Chairman.* I understood you to say, in reply to Dr. Wilks, that you traced the disease in the young girl you have mentioned to the

mother?—Yes. I have seen also many instances of a kind of firm warty excrescences about the anus, and growths of that kind in children from two to five or six years of age, clearly from syphilis, and difficult to treat, coming on again and again in the same individual. *Mr. Lawrence.* 11 July, 1865.

5375. Have you had an opportunity of tracing these cases to hereditary taint from the father or the mother?—I could have no doubt about them, because there was nothing else to which I could ascribe them. A child is brought to the hospital by the mother; the father does not bring the child, and to ask the mother questions which involve considerations of this sort is really very unpleasant.

5376. We may infer that you have seen a sufficient number of cases of the latter description, which you have traced, to lead to a fair inference that in those which you have not traced, they came from the same cause?—Yes, no doubt about it.

5377. Is there any other point connected with these diseases and their prevention upon which you will favour the Committee with any remarks?—I am here to answer questions, not to give information.

The witness withdrew.

Friday, 14th July, 1865.

Present:

Mr. Skey, F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

John Erichsen, Esq. (Surgeon to University College Hospital), examined.

5378. *Chairman.* Do you recognise the constitutional disease known as syphilis?—I do. I recognise the disease which affects almost every tissue in the body, and almost every organ, and which is attended with constitutional disturbance in some way or other, that I call constitutional disease. *Mr. Erichsen.* 14 July, 1865.

5379. Can you diagnose with tolerable ease a sore that is likely to produce secondary disease, and distinguish that from one that is not?—I think I can. I think that a sore with a hard base is more likely to produce secondary disease than other sores.

5380. Have you seen secondary disease follow a sore that had no hard base?—Yes; in several instances. I have made notes of several cases which I have carefully observed from beginning to end, in which there was no hard base.

5381. Are you familiar with a sore soft in its early stage, and then hard in a later stage?—I have seen sores of that kind.

5382. Have you seen secondary disease follow suppurating glands in the groin?—Yes. I have seen secondary disease follow large sup-

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purating buboes. I saw a gentleman only two days ago whom I had attended, and notes of whose case I had taken, for secondary disease following a large suppurating bubo, and I have seen several of such cases.

5383. Do you think that the liability to secondary disease following a suppurating bubo holds any relation to the term, supposing it to be brief and rapid in its progress, or protracted and chronic?—The cases which I have seen have generally been those in which the suppuration has been brief and acute.

5384. And in those cases secondary symptoms have manifested themselves?—In those cases I have seen secondary symptoms.

5385. Do you believe that sores produce their like?—I think they usually do; but there are many exceptions to that rule.

5386. They do not necessarily produce their like?—No; not necessarily.

5387. Do you believe in the unity or duality of the syphilitic poison?—I believe that there is only one syphilitic poison, but that it assumes many different forms, according to situation, according to constitution, and according to various modifying circumstances, local and general.

5388. The two forms of sores are not dependent upon two distinct varieties of the virus?—No.

5389. Have you been able to obtain any conclusive evidence as to the communicability of the secondary disease to the opposite sex in producing either primary or secondary disease?—I have seen several cases of secondary disease produce constitutional syphilis in the opposite sex without the intervention of the primary disease. I may mention to the Committee one case which has occurred within my own observation, the case of a medical man, in which the circumstances were very marked from beginning to end. A medical man living in the country had a most troublesome syphilitic affection of the tongue. He had never had primary syphilis, and he was a married man. He told me that one night when slightly intoxicated he kissed the waitress at an inn where he had been dining; that he found his tongue become sore some little time afterwards; that living in the neighbourhood he went to examine the girl, and he found that she had mucous tubercles on her tongue and inside the mouth. His tongue and mouth became seriously and deeply affected, and he got coppery patches all about the body, but he assured me that he had never had primary syphilis, and he was a person whose word I could rely upon. I have seen other cases of a similar kind.

5390. That is, of secondary disease?—Yes; when affecting the mucous membranes secondary disease can be produced in another person on a soft and tender surface.

5391. Do you believe that, under any circumstances favouring it, syphilis may arise spontaneously?—I have never seen such a case, nor heard of such a case, and I do not believe that it can. I think that it must arise from infection in some shape or another.

5392. May a man be liable to a second attack of syphilis, having entirely recovered from the first?—I cannot give an opinion upon that.

5393. Do you believe in a period of incubation dependent upon the characters of the two sores?—I think that they both develope themselves very much about the same time.

5394. That is to say, that there is no different period of incubation?—Yes.

5395. Did I rightly understand you to say that you do not consider secondary disease the necessary sequence of a hard sore?—I believe

that if a hard sore is left to itself, it is necessarily followed by secondary symptoms.

5396. Taking a general view of the subject, when should you consider that a person was safe, and might contract marriage, for example, after an attack of secondary syphilis?—I should think that if secondary symptoms had not developed themselves within 12 months, he would probably be safe; but I believe that secondary symptoms may develope themselves at a later period in exceptional cases.

5397. Suppose a man to be the subject of constitutional or secondary disease, when should you think he would be exempt from a recurrence of it, so as to be justified in entering into a contract of marriage?—I think he should not enter into matrimony so long as any local developments continued to produce themselves. I mean so long as fresh patches, of skin eruption, and mucous tubercles, or other forms of local developments, were reproduced.

5398. How do you think that mercury affects syphilis; what is its action on the system?—I cannot say, but I believe that mercury acts beneficially in syphilis. How it acts I cannot say.

5399. Have you great reliance in it?—Yes, very great reliance.

5400. Do you push it very far?—I use it until it affects the gums, short of salivation.

5401. *Dr. Balfour.* Have you been able to trace any connexion between syphilis and other diseases, such as phthisis and scrofula?—No. I have not been able to trace any such connexion positively.

5402. *Mr. Cock.* You stated just now that you continued the use of mercury until the gums became affected; do you consider it is essential that the gums should become affected?—I do not think it is essential, but I think it is a test of the effect that is produced upon the system by the mercury; it shews that the system is under its influence. If I found that a sore was healing, and that the gums were not affected, I might be disposed to discontinue the use of the mercury, and be guided by the character of the sore, as well as by the condition of the gums.

5403. You would be guided more by the subsidence of the symptoms than by the affection of the gums?—Yes; practically I give mercury until the gums become slightly tender, and I regard that as evidence of the system being under the influence of the mercury, but I do not consider it necessary.

5404. Do you find that some men, from the peculiar formation of their genital organs, are more liable to contract sores than others?—I think that men with long prepuces, from the tender glandular surface and greater mucous membrane, are more liable to sores than others.

5405. Have you seen many Jews with syphilis in your practice?—Very few. I have seen many and I have attended many Jews, but I have seen very few Jews with syphilis. I believe that Jews are more exempt than other members of the community from syphilis.

5406. But they take gonorrhea?—Yes. I have attended several Jews with gonorrhea, but very rarely with syphilis.

5407. Do you lay great stress upon ablution and cleanliness in a man?—I believe that ablution immediately after impure connection might possibly prevent the occurrence of syphilis; for I think that one commonly finds a soft excoriated chancre just at the angle between the prepuce and glans, where evidently the secretions have not been thoroughly washed off, and it is difficult, I think, not to suppose that thorough ablution might act as a safeguard.

5408. Would you recommend daily ablution under all circumstances, whether intercourse is carried on or not?—Certainly. I think it is most essential, and especially in the case of people with long prepuces.

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5409. *Dr. Donnet.* Have you seen primary sores contracted by any means other than by sexual intercourse?—Yes. I have seen them on the fingers of surgeons several times.

5410. What was the character of such sores?—The sores that I have seen have been invariably indurated sores occurring on fingers with a great deal of induration around.

5411. Have you seen such a sore followed by a bubo?—Yes, followed by a bubo in every case, and, in every case I have seen, followed by constitutional symptoms.

5412. In your treatment by mercury, do you prepare the system of the patient beforehand?—I only give purgatives. I would not administer mercury during that period of febrile disturbance which commonly precedes the evolution of secondary syphilides.

5413. *Mr. Quain.* Do you give mercury for the primary sore?—Yes.

5414. In all forms of it?—Yes, except the phagedenic, some of the phagedenic and lower forms of the disease, but both in the soft and the hard sores I give mercury.

5415. I think you stated that if no treatment had been used in the case of a hard sore, you would expect it would most probably be followed by secondary symptoms?—Yes.

5416. Do you believe that by treatment in the case of a hard sore you can prevent secondary symptoms from occurring?—Scarcely so. I think that a hard sore is so very poisonous that a patient who contracts one scarcely, if ever, escapes. I cannot say that I have ever seen a case in which a man has escaped the secondary symptoms under any form of treatment.

5417. Do you expect treatment by mercury to diminish the extent of the secondary symptoms, or to defer the occurrence of them?—I expect the mercury to diminish the severity of the secondary symptoms, to lessen their severity rather than to defer the occurrence of them.

5418. What form of mercury do you use?—I invariably use the proto-iodide of mercury in the form of a pill.

5419. In what quantity do you administer it?—One grain three times a day.

5420. Have you seen, as a system, a number of cases of constitutional syphilitic disease treated without mercury?—I cannot say that I have as a continuous system. I have seen it from time to time, but I have not seen cases so treated systematically.

5421. Was the result of your observation favourable to such a plan, or the reverse?—If patients are weak and cachectic, and if the disease is tertiary, and especially if the local manifestations are of a low type, then I think it is better not to give mercury, but in the early stages of constitutional syphilis in healthy people I think that mercury is preferable.

5422. After the symptoms have been made to disappear under the use of mercury, have you often witnessed a recurrence of the symptoms or relapses?—I have, not infrequently.

5423. Do you then return to the use of mercury?—Yes.

5424. Have you faith in iodide of potassium in any form of the disease?—I think it is exceedingly beneficial in some of the secondary forms, especially in affections of the bones and periosteum.

5425. Have you any faith in sarsaparilla?—I think that sarsaparilla is, as it was once called, a good diet drink, and nothing more. I think it is about as good as so much beer, or any other wholesome beverage.

5426. Have you turned your attention to the means of preventing

or diminishing the disease, in reference to the army, the navy, or the public?—I have not turned my attention specially to those points.

5427. *Dr. Wilks.* What diseases, in a few words, should you say are produced by impure sexual intercourse?—I should say gonorrhea and syphilis, there may be some other minor diseases.

5428. Do you consider that all sores that you meet with on the genitals are of a spyhilitic nature?—No. I think that there are a considerable number of sores which may occur from sexual intercourse or may not, and which are so like those of a syphilitic nature, that they are frequently mistaken for soft syphilitic sores. I mean that many herpetic eruptions are mistaken for syphilitic sores, and such an eruption irritated by an acrid discharge, or by want of cleanliness, assumes very much the character of a soft chancre.

5429. Do you think they are often mistaken?—Yes, I think they are frequently mistaken.

5430. Under these circumstances, mercury would be injurious or useless?—Yes, it would be useless, if not injurious.

5431. With care, is there any difficulty in distinguishing the symptoms?—In some cases, even with care, I think there would be considerable difficulty in distinguishing them. I believe that cases every now and then occur in which a surgeon, even of great experience, may entertain considerable doubt, whether he has to deal with a soft chancre, or irritated abrasions, or herpetic eruptions.

5432. I think you said that you believe in the contagious character of secondary syphilis?—I have seen cases in which there could be no doubt of the communicability of secondary syphilis from one person to another.

5433. As a large number of prostitutes have had syphilis, and yet upon whom, when examined, no sore is found, do you think it probable that they may communicate secondary disease through those discharges of which you have spoken?—I think that if they had a certain form of secondary syphilis, they might communicate it, such as affections of the mouth or throat, or mucous tubercles about the genitals, I think they might communicate those forms of secondary syphilis to others.

5434. Might that, do you think, explain the fact that sores so often are not found?—I think it might. I may mention, with regard to the communicability of the secondary disease, that I have lately had under my care a nurse, a married woman, who had secondary syphilis communicated to her by a gentleman whom she was attending, with a syphilitic sore throat. The gentleman sent her to me, having communicated a syphilitic mouth and sore throat, followed by coppery eruptions, to this woman.

5435. Had he had intercourse with her?—He had, but he had no sore on the genital organs, it had been healed there for months.

5436. As you think that internal treatment would not, in any case where a sore is indurated arrest the development of secondaries, I presume you think likewise that no local treatment would have that effect?—I think that no local treatment would be of any use in an indurated chancre with the view of arresting the development of secondary disease.

5437. You look upon that as an indication that the poison has affected the system?—If it has not yet affected, at all events that it will affect the system.

5438. Does the iodide of potassium, which you think is so useful in affections of the bones, act more beneficially when mercury has been previously given?—I do not think it does. I think it acts beneficially in all cases of osteal and periosteal pains and swellings, whether mercury has been previously given or not.

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5439. Have you ever had a case of tertiary syphilis to treat where mercury had not been given?—Yes, I have had several cases. I had a case in the hospital some time ago, of a soldier who had syphilitic sores upon the head, extensive necrosis of the skull and necrosis on the clavicle, he had been treated without mercury by a military surgeon, whilst he was in the army, he had never taken mercury subsequently, and the disease developed itself in this form.

5440. May I infer that it is your opinion that disease of the bone is produced by syphilis and not by mercury?—Yes, but if the patient's constitution is very much broken up, and mercury is unduly given, it may aggravate the mischief.

5441. Did you ever see mercury produce disease of the bones in any case?—Never; never when given for any other disease.

5442. Of late years hereditary syphilis has been much spoken of as being found in young persons and in adults; have you seen many cases of that description?—I have seen one case in a girl of 14, who was brought to me by her mother, covered with syphilitic eruption, the mother told me that she had had syphilis, that the child was born with syphilis, and was cured of that syphilis, and that nothing of the kind had developed itself again until the age of 14; she assured me that the girl was perfectly chaste.

5443. What was the general aspect of the girl?—Her general aspect was tolerably good.

5444. Have you observed the remarkable condition of the teeth which has been spoken of?—I think that the condition of the teeth indicates, certainly, a diseased state of the mouth in early childhood, but whether always syphilitic or not, I cannot say.

5445. You are in doubt whether that appearance of the teeth is characteristic?—Yes; whether, *per se*, it can be taken as evidence of syphilis, and whether it may not arise from other inflammations and ulcerations of the mouth in infancy, and stomatitis of every kind.

5446. Have you formed any opinion of the treatment of this disease by syphilisation?—No. I have no experience of it.

5447. *Dr. Babington.* Have you often seen soft venereal sores heal without producing buboes, or any other ulterior symptoms?—Yes, I have.

5448. Have you any idea of the proportion of cases in which you have seen that?—I cannot say, but not frequently.

5449. It would be rather an exception than otherwise?—I think it would be quite an exception for a soft venereal sore to heal without producing any other local or constitutional symptoms.

5450. Still such a case does occasionally occur?—Yes.

5451. In the case of a hard sore, you have said that you have not met with any instance in which it has not been followed by constitutional symptoms?—Yes. I cannot recall to mind any instance in which it has not been so followed.

5452. Do you consider that gonorrhea is produced by a specific virus?—I think that virulent gonorrhea is so produced.

5453. Is that followed by any secondary symptoms?—I have seen, after a virulent gonorrhea, symptoms somewhat analogous to the slighter forms of secondary syphilitic symptoms; such as eruptions on the skin and redness of the fauces, and pains in the bones occasionally.

5454. Might that have been from a person who was already syphilitic, having communicated the gonorrhea?—There was no evidence of syphilis in the patient whom I saw suffering from gonorrhea.

5455. The gonorrhea itself might arise from a sore within the urethra?—I think that there is a great difference between the character

of a chancre within the urethra and a gonorrhea—so great a difference that I think no surgeon can well make a mistake. *Mr. Erichsen.* 14 July, 1865.

5456. How frequently have you seen an eruption of any kind after a virulent gonorrhea, when cubebs or copaiba have not been given?—I am not prepared to say that I have seen it follow a gonorrhea in which neither cubebs nor copaiba has been given. I believe that they are almost uniformly given in cases of gonorrhea. I do not recollect any case in which I have seen these eruptions after gonorrhea in which the balsams have not been given.

5457. Do you consider the tertiary symptoms to be properly syphilitic or that they arise from a bad state of the constitution?—I think that they arise from a bad state of the constitution, brought about by syphilitic disease—that is, having syphilis for their origin.

5458. Have you seen what might be thought to be tertiary symptoms in a person who had no syphilis at all—necrosis of the bones, for instance?—I have seen symptoms that looked something like syphilitic, and with respect to which the history of the case only cleared up the fact of there not having been previous syphilis.

5459. Have you ever had any difficulty in distinguishing scrofulous disease from syphilitic disease, either with regard to the patches, or sores, on the body, or periosteal disease?—The only case in which I have had any difficulty has been in the case of lupus, and ulcerations about the nose.

5460. On an average, what is the ordinary length of the treatment for the primary symptoms in a case of soft sore; how soon would you expect your patient to get well?—I should say in about three weeks.

5461. How long would he be under treatment for a hard sore?—A little longer—probably a month.

5462. What interval should you expect to intervene after the cure of the hard sore and the appearance of the secondary symptoms, or eruptions on the skin?—I think that in the case of a hard sore, the secondary symptoms come on in from six weeks to two months, and they very commonly come on before the sore is healed.

5463. Is the patient in the meantime able to attend to his business?—I think he is generally out of health; that his health is broken down, or disturbed in some way.

5464. Do you ever confine your patient to bed, either in the case of a primary sore, or secondary symptoms?—I think it is better to do so in the bad forms of the primary disease, but it is very difficult to do it.

5465. Do you think that frequent examinations of the person, whether in military, or naval, or in civil life, would tend to diminish the frequency of syphilis?—I think that frequent examinations would.

5466. With a view to preventing the spread of syphilis in the army, would you recommend that the men of every regiment should be periodically examined?—Frequent examinations of the men, I think, would be of little use. If once a sore had formed, the surgeon would be able to say whether any syphilis existed, but before the sore was formed the mischief would already have been done.

5467. Have you ever tried the abortive system in the case of a hard sore?—I have never tried it myself, but I have seen it tried.

5468. Do you think you have ever seen it attended with good effects?—Never; in all the cases that I have seen, the surfaces assumed a sloughy appearance, and I have never seen any good consequences result.

5469. What is your opinion as to the period at which the constitution becomes affected after contact with a diseased woman?—I believe that, as a general rule, the constitution becomes affected; but there is

Mr. Erichsen. no evidence of the constitution being affected through the medium of the induration. I cannot look upon the induration as the evidence.

14 July, 1865. 5470. When induration appears, does it uniformly follow that the constitution becomes affected?—I think that constitutional symptoms uniformly follow, but I do not say that the induration, *per se*, is the evidence of the constitutional affection.

5471. Do you ever see the cervical glands affected as a primary symptom?—No, I have never noticed that; my attention has never been directed to that.

5472. Have you not seen such an appearance after a sore throat?—Yes, after affections about the mouth and throat; but never in other cases.

5473. Have you ever heard of any liquids being used to prevent syphilis before connection?—I have. I know that such things are used in London, and I have prescribed them myself occasionally to patients, solutions of the chloride of zinc, and liquids of that kind.

5474. Very weak?—Yes; a couple of grains to an ounce.

5475. *Mr. Spencer Smith.* Although frequent examinations of soldiers might not prevent their having sores, is it not most desirable to prevent them from communicating them to the other sex when they have got them?—I think it is very desirable that a man should be put under treatment as soon as possible, and in that way frequent examinations would be of use.

5476. A check would thereby be put upon the spread of the disease?—A man could not then have intercourse, and so spread the disease.

5477. Have you given any thought to the prevention of syphilis, or the spread of it?—I have not done so specially.

5478. Do you not think it would be desirable to examine prostitutes, and to put them under treatment as early as possible?—I think it would be of great importance, in certain localities, to bring prostitutes under surveillance. I believe that a prostitute affected with syphilis may communicate the disease to a score of men before she becomes so seriously ill and incapacitated as to be prevented from following her occupation.

5479. Would you think it desirable to increase the Lock Hospital accommodation for women?—In certain districts.

5480. Do you think that additional Lock Hospital accommodation is absolutely necessary?—Yes; very great additional accommodation is wanted.

5481. *Chairman.* Is there any other observation which you would wish to make to the Committee with reference to the objects they have in view?—Nothing at present strikes me.

The witness withdrew.

Tuesday, July 18, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

W. S. Savory, Esq., F.R.S. (Assistant-Surgeon to St. Bartholomew's Hospital), examined.

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5482. *Chairman.* Do you recognise a specific disease known as syphilis?—Yes.

5483. Do you apply the term syphilis to all forms of venereal sores?—Yes.

5484. You use the term generally?—Yes. I use it as synonymous with venereal disease.

5485. You do not, I presume, apply it to gonorrhea?—No.

5486. Do you consider the division of sores into hard and soft, practically a useful one?—Yes.

5487. Do you adopt any division under the names of "local" and "constitutional?"—Yes.

5488. Do you believe in the unity or the duality of the syphilitic poison, or is it multiple?—I cannot answer that question as you have put it to me. You must tell me what in your opinion constitutes the unity, or the duality, or multiple nature of a poison, and then I can answer the question.

5489. Do you believe that the hard and the soft sores depend upon the same poison?— They are the different effects produced by a poison, and therefore I should say, reasoning upon the subject, without having anything like exact evidence upon it, that the cause must be, in a measure, different, and I should rather speak of a modification of the poison than of anything like a specific difference. Permit me further to say, that I believe that the difference in sores is by no means, wholly or chiefly, due to the action of different poisons, for I believe that there are causes more obvious in producing a difference of sore, than the action of the poison, and those which I should chiefly mention are, the constitution of the patient, the part on which the sore is formed, and other causes, such as the irritation to which it might be subjected, and the length of time it lasted.

5490. That is to say, you consider that the form of the sore is, in a measure, dependent upon the constitution of the person, on the locality of the sore, the irritation to which it may be subjected, and other collateral circumstances?—Yes.

5491. Is the period of incubation, so far as you have observed, different in the two cases of the hard and soft sores?—I am hardly prepared to answer that question.

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5492. You have perhaps never had an opportunity of ascertaining the fact?—Not by anything like exact evidence. I might perhaps have a notion on the point, but not anything that is worth expressing.

5493. In the case of a sore upon a hard base, have you formed any idea as to the period at which the constitution becomes involved, supposing it to have taken a fortnight or three weeks to form that indurated mass?—I ought to say, I think, before I go any further, that I recognise two forms of sore with indurated base, one of which I would term the specific induration of the chancre, and the other a non-specific induration, the result of common inflammatory action, and which last I think often simulates a specific chancre, but is nevertheless pathologically distinct.

5494. When you say "pathologically distinct" you mean, I suppose, that it is not usually or necessarily followed by secondary disease?—No; I mean by the words "pathologically distinct," that it is due to a distinct cause—that it is distinct in its course, and probably distinct, at all events it is less severe, in its results. By "pathologically distinct," I mean distinct with reference to the cause producing it.

5495. The local cause?—Yes, the induration, which I have called the non-specific induration, would be the ordinary inflammatory induration, such as you get round any ulcer, if it lasts for a certain length of time.

5496. In a case of true induration, I presume you look for secondary disease?—Yes, I do, as a rule.

5497. Do you think that that is subject to many exceptions?—As far as my own very limited experience has gone I should say not; but I am, at the same time, aware that this is at variance with much better opinions than my own.

5498. In the other case can you give any idea of the proportion of the sores which are of the character you have described, and which are succeeded by secondary disease?—Many of the cases are unquestionably so followed; but I should prefer to call it "constitutional" instead of secondary disease. I do not look upon the sore as syphilis. I think that syphilis is the constitutional disease, and that the primary sore stands in the same relation to the constitutional disease, as a pustule, which follows the inoculation of small-pox would stand to the small-pox.

5499. You regard that as the orifice through which the poison gets into the system?—Yes, merely as the means by which the poison is introduced into the system.

5500. Can you form any judgment as to when, in the progress of the induration, the constitution becomes involved?—No.

5501. Because upon that must depend the eligibility of the treatment, by escharotics or by excision.—No; I can say nothing positive about that.

5502. Have you seen induration without ulceration, or even abrasion of the surface?—Yes; certainly without any ulceration, and recently. I should hardly like to say that I have seen it without abrasion or loss of cuticle, but I have certainly seen it without ulceration.

5503. If the cuticle be removed, there would be no difficulty in explaining how the poison gets into the system; but if you have not seen induration without any lesion or loss of surface, I suppose I must not ask you how the poison then gets into the system?—I do not think there is any difficulty about that, or greater than the difficulty in accepting certain facts which we are sure are facts—that is to say, we

know that substances may be introduced through an undamaged skin: we have no doubt about that fact.

5504. Have you observed a different character in the glandular affections of the groin, indurated in one form, and very soft and suppurating in another variety?—Yes, buboes present different characters; but I cannot connect those different characters with different sores, if you mean that.

5505. You are not aware, perhaps, as far as your experience has gone, that an indurated sore is accompanied by a corresponding induration in the glands of the groin?—No; my knowledge is quite negative upon that point. I do not say that it is not so, but I do not know that it is so.

5506. Have you had an opportunity of forming any opinion as to the exemption of a person from a second attack of syphilis who had had it previously?—I have a very strong impression on my mind that one attack of syphilis does not necessarily protect a man from a second attack.

5507. Do you believe that within a certain time, say a year or two years, a man may be the subject of a second attack of syphilis, as distinct from a relapse, after the first attack?—As far as my observation has gone, I should not be surprised to see a man with a second attack of genuine syphilis within a shorter period than that.

5508. Pathologically speaking, what kind of injury or damage do you consider syphilis entails upon the constitution; how does it affect the health, and the strength, and the condition of the blood?—Speaking in general terms, it makes a man very ill.

5509. But what other effect has it upon him?—It subjects him to a host of consequences, which he would, in all probability, be otherwise free from, in the form of what are known under the names of secondary and tertiary symptoms; and supposing that the cause of the disease still continues to operate, it gradually impairs his health and strength; and, I believe, will so reduce his powers, that he becomes subject to certain changes in organs, which would not otherwise be likely to occur.

5510. What influence do you think it has upon the blood?—I should speak of it as being a poison in the blood, altering its character and damaging it, but we know nothing about that; we may conclude, however, that it acts in that way. We have better evidence of the fact that the immediate products which come from the blood, after syphilis has been for a time in the system, are altered in character, and are less plastic, as I would call it; that is, speaking generally, more liable to degenerate, and less liable to become organised.

5511. Are you of opinion that the secondary disease can be communicated to the opposite sex?—I feel tolerably sure that would be in a great measure influenced by whether a man impregnates a woman; assuming the disease to pass from a man to a woman. I think there is satisfactory evidence to show that a woman may become the subject of syphilis after having had intercourse with a man who has no so-called primary symptoms,—but who is simply suffering from constitutional symptoms, if she becomes pregnant by him,—through the fetus. I think there is sufficient evidence upon that subject to warrant one in drawing a positive conclusion. As to the other question whether independently of impregnation it could occur, I have no evidence of my own to offer, but I am willing to accept the evidence which has been offered by others on the subject, and to believe in the possibility of the thing.

5512. To put it in a practical form; supposing it was determined by

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the Government to subject all prostitutes to control, would it, in your opinion, be desirable to include amongst them all those who were infected only with secondary disease?—If the Government wished to be quite safe, I should say that it would be desirable.

5513. But I infer that you have some doubt about it?—My doubt is rather this, speaking only of opinion on the subject, I should think that the chances of any man contracting syphilis from a woman having only the constitutional form of it, would be very small in the case of a single intercourse, or even of more. But there is a certain amount of evidence existing which tends to show that constitutional syphilis may pass from one to the other, and with that amount of evidence I should hesitate to say that it could not be so.

5514. Under favourable circumstances do you think that syphilis may be generated spontaneously?—I conceive it is quite possible, and that it is not altogether opposed to analogy, that it should be so. I do not think we know anything of the origin of syphilis; but I am under the impression that wherever promiscuous intercourse has been prevalent, there venereal disease has been present.

5515. Are you acquainted with Mr. Evans' work upon venereal sores?—I have read it, but it was a very long time ago.

5516. He speaks of the Army of Occupation at Valenciennes, in 1814-15, and 16, and states that upon the examination of 200 women of the lowest description, and of course the most frequented by soldiers, and *not one* case of disease being found among them; nevertheless the military hospitals had their usual number of venereal cases. At another inspection, 100 women were examined, and only *two* were found with ulcerations. How would you account for that? He says that it is unreasonable to suppose that all those men had obtained the disease from two women?—Then I should not attempt to account for it at all. I could not account for it.

5517. Are you in the habit of treating a primary sore with mercury?—Speaking of sores altogether as one?

5518. All forms of primary sores?—Taking the matter statistically, in the majority of cases of primary sores, I should say that I do not give mercury.

5519. Do you give mercury in the case of an indurated sore?—Yes, as a rule—that is, a specifically indurated sore.

5520. To what extent do you push the use of mercury?—I am guided in that rather by the effects which it produces on the sore, if that is the only existing symptom, or on any constitutional symptoms that may be present at the time, and, of course, by the condition of the patient.

5521. What is the *modus operandi*? What is the action of mercury upon the syphilitic disease?—I have not the slightest idea in the world. I do not know that I understand what the *modus operandi* of any medicine at all is.

5522. Do you look upon mercury in the light of a specific—is it a direct or an indirect antidote to the poison of syphilis?—I believe that the influence of mercury is antagonistic to the venereal poison, whatever it may be.

5523. Have you faith in mercury, and reliance upon it in preference to any other remedy that you are acquainted with?—I know of no remedy which exercises so marked and potent an influence in controlling and counteracting the effects of syphilis as mercury.

5524. Are you acquainted with the mode of treatment by sweating and starving?—Yes.

5525. Have you ever tried that mode of treatment?—No.

5526. I suppose there is no doubt that mercury rather reduces the

vital powers and weakens the system than acts as a tonic?—Speaking of what we know, mercury reduces the amount of red blood corpuscles clearly, and it alters the character of the lymph, and renders it less plastic—less capable of being organised, and of passing into a higher, rather than into a lower, form.

5527. Should you, therefore, under these circumstances, usually prescribe tonic treatment while you were giving mercury for syphilis?—That would entirely depend upon the patient I was treating.

5528. Have you read the Contagious Diseases Prevention Act?—I have not.

5529. How would you endeavour to arrest the progress of venereal disease if that were proposed to be done on a large scale. Do you think it desirable that prostitutes should be placed more generally under supervision than they now are?—I might say, with reference to that subject, that I have often had an idea which I think it would be worth while to carry out. No poison, as far as we know, is absorbed into the system as soon as it is applied—that is to say, there is always an interval between the application of the poison and its absorption into the system. Promiscuous intercourse will never of course be suppressed while we are as we are, but it is questionable whether something could not be done in that direction, if it could be clearly shown that the poison, or whatever it was, which produced the venereal disease, might remain, with impunity, for a certain length of time in contact with the parts; whether ablution, with or without certain substances introduced, might not, under those circumstances, prevent it. Some scheme of that sort, might perhaps be adopted.

5530. I presume you would recommend ablution as a rule?—Most unquestionably. But I think that more than that might be done. I think that some advance might be made upon that point. With regard to the length of time the poison may remain in contact with the surface, without being absorbed, we know that a certain interval elapses, and the question is, what is that interval, and whether, during that interval, some means might not be resorted to, to get rid of it.

5531. Is the syphilitic poison imbibed through an abraded or broken surface, or is it infiltrated, or absorbed, or does it percolate through the membrane?—I do not think it necessary to have an abrasion, but of course, if there was an abrasion, the poison would enter more rapidly, and when introduced through a recent wound or split in the skin, it would enter more rapidly still. That the poison may be introduced into the system without lesion, I think there is no question.

5532. Even then it would have a period of incubation, would it not?—I am not speaking of the period of incubation, but suggesting that the poison may lie some time in contact with the surface before being absorbed. When the surface is not abraded, certainly I should imagine that a sensible interval would elapse. I believe, as a matter of experiment, that if you applied the poison of syphilis even to an abraded surface, it might be removed so quickly, that no effect would follow of a specific nature—that is to say, I do not think that a mere momentary touch would be sufficient.

5533. Do you consider that that rule applies to the introduction of the vaccine matter into the system, or is it not proved that the application of the vaccine matter, but for a second, is sufficient to involve the constitution?—I know nothing of proof either way about it.

5534. I understand you to say that you would recommend very strongly ablution immediately and invariably after intercourse?—Certainly.

Mr. Savory.

18 July, 1865.

5535. There is another view in which we have been considering the subject of ablution; and that is with reference to its influence in the Army and the Navy. Are you of opinion that if it were rendered compulsory on the part of soldiers and sailors to practice ablution daily, they would be less liable to disease?—I should think that it would have little to do with it. I should not attach any importance to that as a means of prevention.

5536. *Dr. Donnet.* Have you seen any bad effects arise from the use of mercury?—Yes.

5537. Do you think that it may cause disease of the bones and exfoliation?—I have never seen mercury without syphilis produce disease or exfoliation of bone.

5538. Is it your opinion that it is the combined action of the mercury with the syphilitic virus which has that effect?—I think it is most probably the combined action of the two.

5539. Do you believe that the syphilitic virus alone would produce exfoliation of the bone?—Yes, I have very little doubt about that.

5540. *Mr. Quain.* Have you, in any number of cases, examined the sources from which sores have been derived; or, in other words, have you compared a sore in a male with that in a female?—Very rarely; but I have done it in one or two instances.

5541. But perhaps not so as to have formed any definite opinion upon it?—No.

5542. Have you seen any large number of cases treated absolutely without mercury as a system?—Yes.

5543. What were the results in those cases?—Speaking broadly, the majority of them, sooner or later, got well certainly.

5544. What became of the minority?—I may say that I lost sight of them—that is to say, I do not know what became of them; several cases went on lingering, and I lost sight of them.

5545. Were those persons treated with any form of medicine, or by any plan of medical treatment?—Yes; but it was merely formal—nothing that was likely to exercise any particular effect.

5546. In the case of those patients who got well, and who continued under your observation, did the disease continue longer than it would have done under the use of some form of mercury?—I may say this, that my impression is that mercury judiciously administered, as a rule, tends to shorten the course of the venereal disease; it is a rule that is subject to many exceptions and qualifications; but, speaking broadly, that is my opinion. I speak with great diffidence upon the matter, because I know that there is a great deal of evidence on the opposite side—but that is my impression.

5547. Is there any register kept in your hospital of the cases which are treated without mercury?—I think not.

5548. *Dr. Wilks.* I think you stated that you see sores unattended by constitutional symptoms, and that those are, generally speaking, of a kind different from those sores which produce constitutional symptoms; in the absence of induration, do you practically look upon the two sores as different, although they may have something in common?—No; I believe that any form of sore may produce constitutional symptoms.

5549. Am I to understand you to mean that in constitutional syphilis the tendency, when the virus is introduced, is to produce induration in the sore?—Are you referring to an indurated sore, and asking whether the induration is a local action, or an action reflected back from the constitutional action of syphilis?

5550. I do not mean that; but do you look upon sores as altogether distinct in kind? You stated that probably they might have an origin

in common, but that while one remained local, the other was followed by constitutional symptoms?—I did not say that a soft sore is never followed by constitutional symptoms.

5551. You said, I think, the opposite of that, that when the sore was indurated, you generally expected constitutional symptoms?—I think I said that I should expect constitutional symptoms more from an indurated sore than from a non-indurated sore; it is a question of degree, and not of kind.

5552. You would not wish, I presume, to make any great distinction between them?—I do make a distinction between the two, because they are different in their characters; but if you ask me how far they are different, and whether they are specifically different, I cannot answer the question; but they are different sores.

5553. If you see a sore, can you say whether it will infect the system or not?—No; I cannot. Patients frequently put that question to me, and I always say that I cannot tell.

5554. When a sore heals up, and it has not affected the system, what inference do you draw from that?—The greater the time which elapses after the healing of a sore, without any effect being visible, the greater chance the patient will have of escaping, but I cannot say when he will be perfectly safe from constitutional symptoms.

5555. You would not infer that because constitutional symptoms had not presented themselves a sore was not a truly syphilitic sore?—No; not necessarily.

5556. If a person has a sore upon him, and you do not know the source of the virus, and you see no ill consequences follow, why should you regard that as the same disease?—Suppose a man comes with a sore upon his penis, which presents characters like those belonging to a venereal sore, and that man tells me that the sore followed a certain time after promiscuous intercourse, or an intercourse which would subject him to the probability of contagion, I should not conclude because that sore healed without producing any constitutional symptoms, that, therefore, of necessity, it was not venereal.

5557. Have you ever traced a sore to its source, that is, to the woman?—I cannot say at the present moment that I have, but I am not sure that I have not. I would rather say no to the question.

5558. You have been asked about disease of the bone being produced by mercury. Do you know of any similar disease to that which is attributed to syphilis being produced by scrofula?—I think there are some diseases which come very closely together indeed. I think that there are forms of destructive ulceration of the bone, in which it would be very doubtful and difficult to say whether it was produced by the one or the other. I could not undertake to do it.

5559. Did you mean to use the word "destructive," or did you intend to say that there was enlargement of the bone or ostitis, produced by scrofula?—Tubercle in bone produces enlargement and inflammatory action.

5560. That is, an acute inflammatory enlargement, not a chronic enlargement. Do you know of a chronic thickening of the bones produced by scrofula?—No. I think that there is a chronic induration and enlargement of the bone, which follows syphilis, the like of which you do not get in scrofula.

5561. With regard to hereditary syphilis, do you recognise it after the age of infancy?—Inherited; I should not call it hereditary.

5562. I mean after the age of infancy. Do you recognise it in youth, or the symptoms resulting from it? I allude more especially to

Mr. Savory. such symptoms as Mr. Hutchinson has described—affections of the eye, for instance?—I believe in that.

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5563. Do you regard the condition of the teeth as characteristic?—I think a great deal of it is, but I do not go the whole length of Mr. Hutchinson's views in the matter. I think that there are conditions of the teeth independently of syphilis which exactly resemble the teeth which he describes, nor do I accept his explanation that it is due to a special or peculiar inflammation. I think it is rather due to an impairment of nutrition.

5564. You believe that the teeth are affected, but that there is nothing characteristic in that?—Yes; it is characteristic, but not conclusive. I think it is very characteristic, but not pathognomonic.

5565. *Dr. Babington.* Do you find that a bubo generally follows a venereal sore, or that many cases get well without any swelling of the glands, or constitutional affection?—I must speak generally upon that subject. I believe that more cases of venereal sores occur without than with buboes.

5566. And more cases without further constitutional symptoms than with them?—We do see more without, but then it must be remembered that there is always a doubt existing from not seeing cases. I should say, as far as my experience goes, that we see more without than with.

5567. Have you any doubt that many cases of simple primary sores are cured?—No.

5568. You have stated that there is always an interval between the insertion of the poison and the development of its effects. May not that interval be very short?—Very short. I cannot say how short, but I think that ought to be worked out.

5569. You do not distinguish, I think, between venereal disease and syphilis?—I attach no importance to it.

5570. How long are the patients, on an average, in the hospital under treatment?—I do not know. I cannot speak of the average at all; it is a question of time.

5571. Do they get sooner well under the use of mercury than without the use of it?—My impression is that they do.

5572. What form of mercury do you generally use?—I almost always use either inunction or the grey powder.

5573. Do you find that scrofulous persons are more difficult of cure than others?—Persons who are in a bad state of health are worse subjects for treatment of syphilis than others, whether from debility or want of power, which is produced by scrofula, or anything else.

5574. Does the age of a person, in your opinion, make any difference?—I cannot say.

5575. Did you ever see constitutional symptoms follow gonorrhœa?—I have seen constitutional symptoms follow what has been set down as gonorrhœa, but whether it has really been gonorrhœa, or there has been a concealed sore, I cannot say.

5576. Do you believe that syphilis is on the increase?—I really do not know; but I should rather think not.

5577. Do you believe that it materially affects the public health?—Certainly, materially; if ever so little.

5578. Do you believe that it affects the public health to a very considerable degree; and that ten generations hence, if we go on as we do, men will not be as strong as they are?—I believe that they will be just as well off as they are now. I do not believe that syphilis will produce any degeneration of the race; it may tend in that direction, but there are counteracting influences.

5579. *Mr. Cock.* I think you stated that you attach no importance

to cleanliness, or to daily ablution?—I did not say that, I think; what I said was, with regard to preventives of syphilis, that I did not attach any great importance to mere daily ablution at stated intervals, independently of intercourse. I think the reasonable thing is, that if ablution is to prevent syphilis in a man, he had better wash as soon after intercourse as possible. *Mr. Savory.* 18 July, 1865.

5580. Do you not see persons who do not habitually wash, suffer under the prepuce from excoriation, caused by the quantity of moisture which is retained there?—Yes.

5581. Do you not suppose that a person having impure intercourse would be more likely to contract disease if he abstained from ablution?—It is of course better to wash and be clean; there can be no question about that.

5582. *Chairman.* Is there anything further that you wish to state to the Committee?—No.

The witness withdrew.

Friday, 21st July, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Bowman, Esq., F.R.S. (Surgeon to the Royal London Ophthalmic Hospital), examined.

5583. *Chairman.* Have you any doubt as to the existence of a specific disease known under the name of syphilis?—None. *Mr. Bowman.* 21 July, 1865.

5584. Is it, as far as your observation has gone, confined to any one class of society, or does it pervade all classes?—It pervades all classes.

5585. Have you had opportunities of observing the disease much among children?—Yes.

5586. At what ages does it prevail among children—in infancy or in childhood?—I should say from birth.

5587. Can you, as a general rule, distinguish it from strumous affections?—Certainly; it may be distinguished.

5588. You are, no doubt, aware of the views of Mr. Hutchinson and others with regard to its influence on the teeth. Do you coincide with them?—Yes; I do. I think they are quite correct.

5589. You attribute that condition of the teeth which they describe to syphilitic disease?—Yes.

5590. Coming to another supposed manifestation of it, do you see many cases of corneitis in youth?—Yes.

Mr. Bowman.

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5591. Do you consider that form of the disease to be connected with, or produced by, the poison of syphilis?—There is a form of corneitis which is connected with other syphilitic symptoms, as part of the manifestations of the disease in the system.

5592. Can you, as a rule, distinguish the syphilitic corneitis from other forms of the same complaint?—Yes; I think I can; the syphilitic corneal disease has more or less peculiar local characters, and it is usually accompanied with other evidences of its specific origin. The strumous forms are also distinguishable by their local characters and general accompaniments. Occasionally the phenomena are confused or doubtful.

5593. You infer the syphilitic form from the condition of the teeth, and from other syphilitic symptoms that accompany these affections?—Yes; from the teeth having the characters discovered by Mr. Hutchinson to be indicative of hereditary syphilis, and usually peculiar to it.

5594. Can you treat syphilitic corneitis with anything like success?—Yes. I have no doubt that it is, to a very considerable extent, under the control of treatment. I believe that slight cases will get well really of themselves; but those of ordinary intensity I think require treatment, and are very much influenced by treatment. Some are so severe from the first, and attended with such a miserable state of the system that they will end in damaging the eye in spite of any treatment.

5595. I infer, from what you have stated, that you consider the severer forms of corneitis to be generally accompanied with a very impaired state of the system?—Yes; and very often with iritis.

5596. And that condition of health in a child is a strong provocative to the development of corneitis?—I should not have quite put it in that way. I do not know that weakened health develops corneitis more than other local manifestations of syphilis. It probably predisposes to all the various local outbreaks of the constitutional disease. This corneitis is almost peculiar to hereditary syphilis, and is rare in persons of mature age. Undoubtedly if the corneitis is severe and intractable, it is usually connected with a more depraved condition of the general health.

5597. Do you use mercury in the treatment of these cases?—I do, as a rule.

5598. In what form do you give mercury to children?—I generally use mercurial ointment.

5599. How do you apply it?—To some part of the surface of the body.

5600. Do you believe that mercury so applied is injurious to a child?—Certainly not; of course supposing its exhibition to be properly regulated.

5601. In the administration of mercury for corneitis from syphilitic disease, whether in a child or in an adult, should you be guided by the influence of the mercury on the gums, or by its influence on the disease? Should you stop short if the gums were affected, or continue its use until you observed a change produced for the better in the disease?—In children the state of the gums is hardly an indication, and I should endeavour to judge whether it was acting at all injuriously on the stomach, and *primæ viæ*. If it was disordering the appetite, and causing purging, I should stop it for a time, but if it seemed to agree with the digestive organs, and if the disease appeared to be abating under its influence, I should continue it.

5602. You think that the ulterior effect of mercury would not, upon the whole, be injurious to a child, and that it may be administered to

children or to adults in moderation without doing any damage to their health?—I decidedly think that mercury, when it has a good influence on the disease, benefits the health. We see many children grow fat under its influence when it is given with proper precautions. Then with regard to the other part of the question, as to what would guide one in continuing the use of mercury in the case of adults. If the disease appeared, under soreness of the gums, to be rather making progress than not, I should stop the drug decidedly; but if the disease was abating, if it occasioned no distress and was well borne, I should continue it in doses short of producing ptyalism. The slightest soreness of the gums would induce me to check the dose, perhaps only for a while. Mercury in this form should be given not too largely or too rapidly. The disease naturally runs a deliberate course, and cannot be suddenly arrested by energetic treatment. Rapid severe mercurialisation undoubtedly may do harm.

5603. Do you think that mercury produces a condition of the constitution under which the poison of syphilis dies or subsides?—I think that, under the influence of mercury in the system, the syphilitic disease is abated and extinguished, speaking generally.

5604. You have no doubt studied the subject of syphilis in common with other matters connected with your profession; have you had any experience upon this point, whether sores produce their like?—No experience worthy of your attention.

5605. Have you ever considered whether syphilis can be produced, under the most favourable circumstances for it, spontaneously, or whether it has been handed down from the period to which its origin is assigned?—I have no knowledge upon the subject.

5606. *Mr. Quain.* At what ages have you seen these peculiar forms of syphilitic symptoms in children—for example, in the eye, corneitis and iritis?—The corneal affection usually comes on after three or four years of age.

5607. Up to what age?—Up to the age of 20 and 25. I think I have seen cases in which that form seems to have been developed for the first time at the age of 25.

5608. Without the persons having previously had any affection of the eye?—Any similar affection, yes.

5609. Was there any evidence of their having had any syphilitic symptom in the interval between the period of their birth, and the time when you first saw them, and when the eye was affected, whether the period was 5 or 10, or 20 years?—I have seen cases in which there has been no history of any previous syphilitic outbreak. But some of the marks of hereditary syphilis first described by Mr. Hutchinson clearly indicated that in early life other tissues had suffered.

5610. Do you believe that these cases arose from inherited syphilis?—Yes.

5611. Had the health of the persons been tolerably good, according to their history, up to that time or not?—These patients are generally marked by a peculiar complexion—what I may term a leaden complexion—a pale, dull complexion.

5612. Had you reason to believe that they were always so from their birth up to the time when you saw them—so far as there was any evidence of the fact?—Yes; but they are often muscularly strong, and able to undergo a good deal of fatigue. I am speaking of persons of 15 or 20 years of age; they have never had any serious illness, perhaps, and yet they have that kind of complexion.

5613. You stated that you were assisted, in forming your diagnosis of the nature or the origin of the disease, by certain other appearances

Mr. Bowman. 21 July, 1865.

or symptoms; be good enough to mention some of those which you think important?—I am quite convinced as to the correctness of Mr. Hutchinson's account of the condition of the teeth, and of its being in association with that form of corneitis.

5614. Does that refer to the first set of teeth or the second set of teeth?—The second set of teeth.

5615. What appearance do they present?—They present a peculiar shape—a malformed condition of the incisors chiefly—the anterior teeth. I think I have more often seen it in the upper than in the lower jaw, —the middle incisors of the upper jaw.

5616. Are the other teeth affected?—Do you mean the molars?

5617. Yes.—I have not noticed anything there. I should mention that it is not that condition in which the enamel is wanting, and the teeth are very rocky and jagged, and rough, but the angles are rounded off, the cutting edge often notched, and the teeth are small and, as I may call them, peggy. I think there is a true distinction between the two conditions. We not infrequently see the marks of old rhagades at the corners of the mouth, and sometimes a peculiar form of the bones of the face,—these have all been pointed out by Mr. Hutchinson. I have seen some remarkable examples of them, and I quite agree with Mr. Hutchinson.

5618. Have you observed anything peculiar in the bones of the nose?—There is often a bad shape of the face, and it gives a character to the physiognomy—the nose is rather flat, as if the bones of the face and of the nose had not been thoroughly developed,—it gives you that impression.

5619. Do you always treat such cases when the persons are suffering from that form of corneitis, in the same way, with mercury?—No, I should not say so—that is, not always. If it seemed to be a slight form, in point of intensity and degree, without any vascularity at all, merely a cloudy state coming upon the centre of the cornea, shaded off towards the edge, and coming generally in one eye, you may predict that in a few weeks it will come in the other. If it is in that simple form, I believe that it will pass through its stages, and leave the eye quite well, without any mercurial treatment, but I always give steel, if necessary. If there is a mottled state of the cornea, with injected vessels, or non-endurance of light, or any evidence that the disease would not run through a very simple course, I should put a little mercurial ointment on to the skin, on some part, and watch the case carefully.

5620. Have there been any what are called secondary symptoms, or eruptions upon the skin at the period when you have observed these symptoms?—Certainly, as a rule, not.

5621. Have you used any other medicine in these latter cases which you have referred to?—Yes; bitter tonics, taraxacum, iodide of potassium, iodide of iron, and cod-liver oil, with belladonna externally.

5622. Chlorate of potash?—No.

5623. Your main reliance is upon a tonic plan of treatment and mercurial medicine?—Yes; with cod-liver oil and good diet.

5624. *Dr. Wilks.* Corneitis was suggested to you, but there are other affections of the eye, are there not?—Yes, many others.

5625. In the class of patients to which you have referred?—Yes, in the hereditary form. There is reason to believe that many of the worst cases of corneitis are complicated with affections of the deeper parts of the eye. I think the iris is very commonly affected—the choroid,—and the retina. It is difficult to say in children, for if the cornea is affected, the deeper parts of the eye must, for a time at least,

be unobserved, and their condition must be in some degree a doubtful inference. But the damage they have sustained is often subsequently observable.

5626. In these cases of hereditary syphilis, what are the commoner forms of eye disease which you see?—I should say corneo-iritis. I think that that form of corneitis when severe, is usually attended with iritis.

5627. And you would say also, I presume, other affections?—Yes. I infer that from the course which certain forms run, destroying sight altogether, and from altered tissues seen subsequently.

5628. They would be more important than corneitis?—They might not be more important if they were not severe in degree, because they might be controllable. In what I have now said, I have not referred to the eye-affections occasionally accompanying syphilis in infants a few weeks or months old—iritis, choroiditis, retinitis—which seem to be more allied to the secondary order of symptoms of adults. The corneitis, I imagine, to belong rather to the tertiary order, and to be developed after a longer continuance of the poison in the system. It is remarkable that it is very rare in adults as a consequence of acquired syphilis at any stage.

5629. Have you any idea of the number of such cases that you generally meet with of hereditary syphilitic affections of the eye? Are they common?—I have had many cases among the class of private patients in the course of the last 20 years. Among the lower classes they are much more common.

5630. It is not an uncommon affection?—No. I should not say so. It is rather uncommon.

5631. Do you think that you see a case in one or two months?—Yes; more often than that.

5632. How many cases do you think you see in a hundred?—That I cannot say; but we could get the information, I dare say.*

5633. Have you often observed that deafness is common?—I have seen cases of the kind attended by deafness, but I think not as a rule.

5634. If you met with a case, you would put it down probably to the same cause?—I might.

The witness withdrew.

* Mr. Hutchinson has since favoured Mr. Bowman with the following note:—
"On Monday morning, July 24th, 65 patients presented themselves at my desk. Of
"these in 52 there was no history of any venereal cause for the eye-disease.
"In 13 the disease seemed the direct result of some form of venereal disease.

"65

"Of the 13 venereal cases the eye-disease was the result of *acquired* syphilis in.. 8
"Of *inherited* syphilis in 4
"Of gonorrhœa in 1

"13

"I do not think that I had at all more than the usual average of venereal cases on
"this day. The proportion is exactly one in every five."

Tuesday, 25th July, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair*.
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

John William Trotter, Esq. (Assistant-Surgeon in the Coldstream Guards), examined.

Mr. Trotter.
25 July, 1865.

5635. *Chairman.* Have you seen a good deal of venereal disease?—Yes, in the course of the last eleven years, during which time I have been in the army.

5636. Were you in the Crimea with the Coldstream Guards?—Yes.

3637. Did you see much of the venereal disease there, or was there less?—We had hardly any there at all—none, except that which was brought out there, imported from England.

5638. Is there much venereal disease in the second battalion of the Guards?—There has not been so much lately.

5639. Is there any palpable difference in the extent to which it prevails in different places?—It varies according to the stations that we are at in a great measure.

5640. Is it accidental that one station is more prolific in venereal disease than another, or is there a permanent difference between the stations?—There is a permanent difference, as far as I can judge. The worst station that I was ever at was Dublin, for out of seventy men who were sick, there were at one time sixty venereal cases. The next in degree has always been Windsor, which I believe chiefly depends upon the small number of women. I think it could be traced to that cause.

5641. Are there not a large number of accessible women in Dublin?—I believe there are a tolerably large number, but our men did not take very well to them at the time, they did not fraternise with the natives. I believe that they did so, with but a very small portion of the inhabitants round about the barracks.

5642. Were those women diseased to a great extent?—Judging from the results, I should say that they were. I had no other means of judging.

5643. Have you ever had opportunities of ascertaining whether two or more men, having had intercourse with the same woman, came under your treatment with the same form of sore?—It is so difficult to rely on the statements of the men, and it is equally so to decide the question from the sores being identical in situation and character—we have often thought that they might be—but then we have frequently traced this apparent similarity to different causes. I could not answer that question satisfactorily, among such an immense number of cases. Of course many sores present the same characters.

5644. Do you believe that sores produce their like?—I believe in only one venereal sore.

5645. Supposing that half-a-dozen men had intercourse with the same woman, who was herself the subject of disease, does your experience teach you that those half-dozen men will appear before you with the same form of sore?—I have seen sores that at the outset appear exactly similar, and they may remain so for several weeks, and then some of them, which keep in the original condition of the sore, get well, and you hear no more about them. But then, again, I have seen others which have remained for several weeks in the original state of the sore, and have then changed in their character and become indurated.

5646. And those sores, as far as you believe, have been all obtained from the same source?—I believe so.

5647. You have had reason to believe so?—Yes, as far as I could trust to the statements made by the men.

5648. Have you felt that amount of interest in the question, and in the variety of the sores that you have made enquiries and examined the women, or has it been merely a passing question from you to the patient?—I have never examined the women.

5649. Am I to understand you to say that you have known examples in which several soldiers having had intercourse with the same woman, have become the subjects of sores, which, in the first stage, presented one common aspect, but then diverged from the line as it were as they advanced, some getting well without secondary or constitutional disease, and some becoming indurated and being followed by it?—Yes, as far as I could rely upon the statements of the men; but their statements are not exactly satisfactory evidence, because it is so difficult to get a soldier to give a straightforward answer concerning the disease in question.

5650. But that is the impression upon your mind, decidedly?—Undoubtedly, and it has been so for some little time.

5651. That the sores which have been derived from the same woman may apparently be identical, and yet in their ulterior progress they diverge, some assuming one character and some another?—Yes.

5652. What means do you adopt with a view to preventing the extension of venereal disease in the army; what precautions do you use, if any. I mean with reference to examinations or ablution, or anything to prevent the spread of the disease?—There are no means for private ablution; but an examination of all the men takes place once a-week, or ten days.

5653. How many men do you examine at a time?—We examine all the men at the barracks at a time, the number varies from 500 to 700.

5654. Who performs that examination?—The surgeon who is doing duty in the barracks.

5655. Do you attend with him in the performance of that duty?—The duty generally falls upon me.

5656. You are an assistant-surgeon?—Yes.

5657. You mean that you make the examination?—Yes, or whoever is on duty in the barracks.

5658. How long does it take you to examine 700 men?—We never, as a rule, get more to examine than from 500 to 600 men, for generally some of the men are away on detachments. The examination is only a cursory one, and it occupies from twenty minutes to half an hour.

5659. I presume that it is a very cursory examination, if you get through in half an hour from 500 to 600 men?—Yes.

Mr. Trotter.

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5660. What mode of examination do you adopt?—A corner of a room is screened off, and the men come in with their sergeants, by companies, the sergeants staying outside the screen. The men enter one by one and are all prepared and partly undressed before they come behind the screen. They raise their shirts, and show their groins and penis. It is not pretended that a man cannot have a sore because he has gone past you, but if you see a man's penis, and his groins, you can see at once whether he has any bubo, or the slightest inflammation.

5661. They do not undergo the process of having the prepuce retracted?—Yes, they all do, as they pass the surgeon.

5662. What more could you do, if you take a glance at the circle of the corona?—There might be a small sore that is missed, because a man may put his finger over it, but that very action frequently attracts attention.

5663. How often do you perform this examination?—Once a-week or ten days. It is generally done on Saturday. An order is issued the previous day, and the battalion is paraded at the hour named, in obedience to a Regimental Order, and by the surgeon-major when he considers a more frequent inspection necessary.

5664. Do you mean each individual examination?—There is a general order regarding inspections; the day and hour for each is left to the discretion of the medical officer.

5665. Is this kind of examination also made in the other battalions of the Guards?—It is a Regimental Order with us.

5666. Is it common to all the battalions of the Guards?—I do not know.

5667. Do you think that the men feel much objection to it?—Some of them may; and it is not a pleasant operation for any one who is engaged in it.

5668. Does it lead, in your opinion, to any injurious consequences? Do the men protest against it, or hang back; or is there anything offensive or injurious to the discipline of the regiment in it?—No. The married men march past to show themselves, but they do not undress. We look at them just to see that they are in health, but there is no undressing on their part without cause, or without suspicion.

5669. Do you exclude the non-commissioned officers from these examinations?—None of the sergeants are inspected, but the corporals and privates are. I think, if it is to be done at all, that the examinations should take place upon *uncertain* days, and that the men ought not to know when the examination is to take place. I think that that is the fault of the system; that the men generally know exactly when the examination will take place, and in practice one hardly ever detects a man at the inspection. He knows when the day is coming, and he waits for a day or two before, and tries to get well in the interim. He reports himself sick before the inspection takes place, but he has had the disease upon him perhaps since the last inspection, that is to say, he might have got inoculated with the disease just before the last inspection, and it might have broken out two days afterwards. Then he would not report himself until he knew that another inspection was coming on. In my opinion, if he could not tell when the inspection would take place he would be afraid to go on without reporting himself, because he would know that he would be punished.

5670. Would not all that be prevented by having more frequent inspections?—It is difficult to have them more frequently, on account of the duties which the men have to perform.

5671. How often are these inspections made?—As nearly as possible once a-week.

5672. Will you have the goodness to state to the Committee what the benefits are which you consider result from these inspections, or will you state what you do if you find a man with a venereal sore in an early stage?—In such a case he is sent to the hospital. If the inspection is performed early in the morning, he goes to the hospital at once. If the inspection is performed before the hour of dinner, he goes to hospital directly after dinner. *Mr. Trotter.* 25 July, 1865.

5673. Under that mode of inspection do you consider it is perfectly impossible that any man should have a developed sore without its becoming palpable to the eye of the examiner?—I think so; but of course we are not infallible.

5674. At what rate do you examine these men? How many can you examine in that way in a minute, or does one man pass from behind the screen before another is admitted?—Suppose, for example, it was this room. There is the window, and the light would be shining upon them as they came in. A man comes before you, and then you order him to march out. Another comes in, and you see him as he comes up with the light shining upon him. If you do not say anything he marches past you. He halts for a moment before you. I have no idea how long it takes, or how many men are examined in a minute. The time varies. Some cases may be suspicious, and require a more minute examination.

5675. Is it customary with these men to wash themselves daily or not?—Certainly not.

5676. Am I to infer that the larger majority of these men undergo no process of ablution between the time when one inspection is made and the next succeeding one?—There are some men who are naturally cleanly, but the majority of them are not so. They have hardly any means of being so, poor fellows.

5677. As they do not, according to your observation and belief, resort to ablution in the interval between one examination and another, will you describe, as nearly as you can, what is the condition of the membrane covering the glans and under the prepuce at each inspection?—A number of them have abrasion of the glans penis.

5678. Will you explain what you mean by that?—They have the skin of the glans penis and prepuce a little abraded, here and there, from which there is a purulent secretion. I speak to the men about it, and have them confined to the barracks for a few days, inspecting them daily, they manage then, somehow or other, to wash themselves and to get well, and then they go out again. I tell them that they have brought it all on themselves, and I say to them, "If you keep yourself clean you will be all right." I give them nothing. A majority of the men have the corona covered with a thick sort of coating of cheesy matter that does not amount to disease; but I frequently report them for appearing before me so in such a dirty condition, and they get a drill or two, and in time you get them to appear at the inspection pretty clean, but there is always a large number of them in that state.

5679. That kind of condition which you term abrasion, and from which you say there is a purulent secretion, is only the precursor to a worse state of things, if left alone; and, therefore, I will ask you as nearly as you can tell, what proportion of these men have symptoms which must eventually bring them into the hospital, where the secretion is soft and purulent?—I think we always have perhaps three cases of that sort in the hospital, or from two to three, and they stay in the hospital, on the average, for about ten days each.

5680. Am I to understand that there are three cases out of the 500

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or 600 men whom you examine?—No, that it is frequently necessary to take that number into hospital; what I should call excoriation, merely, becomes superficial ulceration, and, unquestionably, it is not safe that they should stay outside.

5681. How many, in the course of each day, do you see in which the secretion is moist. I do not allude to that dry cheesy secretion that is common to all the world if there is a neglect of ablution; but I wish to know in about what proportion the purulent secretion is present?—I should say that in about six per cent., more or less, the secretion is moist, and approaching to purulent secretion.

5682. The advantage of these inspections, I presume, is that you stop *in limine* any man with a primary venereal sore, and it is treated from its earliest stage?—Yes.

5683. Are you an advocate for ablution, first of all as a preventive of disease immediately after intercourse, and, secondly, as a daily or every other day habit, and take, if you please, the latter first; do you think it advisable for a man to practice ablution daily, or on alternate days, or every third day?—The oftener he adopts it, I think, the better it will be for him in his health, and safety from infection.

5684. In your opinion the oftener he does it the better?—Yes.

5685. What purpose do you consider it answers—take the case in which a man has a deposit round the glans in the fossa, and supposing that man to be accustomed to daily ablution, do you consider that he would be less liable to take the venereal poison during intercourse?—I think so.

5686. You think he would be less likely to take it?—Yes.

5687. How would you explain that?—In the first place, there would be a source of irritation avoided; they very frequently have a secretion which causes more or less abrasion, and a breaking of the skin, and I take it that an abraded surface is much more likely to contract any disease than a surface that is perfectly whole and in a healthy state.

5688. Let me ask you what you consider would be the substratum underneath that white secretion, to which you have alluded, as being so commonly deposited upon the glans in those men whom you have examined, suppose they washed; do you think they would leave an abraded surface underneath?—I do not think they would.

5689. Then if that is washed off, an abraded surface is not left, and will you be good enough to explain that to the Committee?—Do you mean in cases of thickened secretion?

5690. Yes.—I think it is more likely to form a lodgement for any poison with which they may come in contact, or any secretions with which they may come in contact during connection.

5691. If they have that white secretion on them, more likely than if the surface was washed, and the entire of the surface exposed?—Yes, there is less chance of getting it off after, and more chance of lodgement.

5692. Have you ever seen this white secretion washed off with soap and water in these men, and have you observed the condition of the membrane underneath it?—I have not observed it immediately, but I have ordered the men to be washed, and to show themselves clean at another time.

5693. You have not observed abrasion?—No, not in those cases?

5694. Can you give the Committee any evidence as to the effects of ablution immediately after intercourse, or at any given interval after intercourse, or have you had any facts before you that would lead you to recommend ablution immediately?—I should recommend ablution immediately after intercourse.

5695. I do not think you have made out how it is that daily ablution can exempt your men from a liability to take the venereal disease?—I do not mean to say that it prevents, but I think it lessens the liability. *Mr. Trotter.* 25 July, 1865.

5696. Do the men in the Guards incur any penalty for concealing venereal disease, if they have it?—The rule with us is, that if a man is reported for concealing venereal disease he has to pay up the duty when he comes out of hospital, which he has missed while in hospital.

5697. Is that strictly acted upon?—It is to a certain extent, but if a man has been very long in hospital it would be impossible,—you would kill him; he is always punished to a slight extent.

5698. I may take it that you attach great importance to ablution, on the grounds you have stated?—Yes. For instance, in this way. I frequently have a man brought to me by the non-commissioned officer of the room, because some of his comrades have reported him, believing that he has the venereal disease, because they have seen him cleansing himself.

5699. Has it been proved that he had it?—He may or may not have it; sometimes he has it and sometimes he has not. In the same way the men who are not able or do not cleanse themselves, are constantly getting abrasions between the upper parts of the thighs; and if they are the subjects of constitutional syphilis, it is as sure as possible that they will have a form of condylomata. I have frequently seen this condition as the only sign of secondary constitutional syphilis.

5700. From what cause does it come?—They get abraded in the first instance from marching, and if they have any means of cleansing themselves with a little cold water, it will heal up again: but when these men have secondary disease, this would become the seat of a sort of condylomatous eruption.

5701. I suppose the relation between the military officer and the company is necessarily closer than it is between the medical officer and the men in the company, because the soldiers are never brought under your cognisance until they are diseased, and you can exercise no moral influence over them?—None, except when they are brought in relation to us, which is once a week, by the inspections.

5702. You know nothing of the men with regard to their characters?—We always know their characters, as a man is always brought before the medical officer previous to going before the commanding officer to be punished.

5703. *Dr. Wilks.* I gather from what you have stated, that the examination is not made specially for the discovery of venereal disease; or is it made with that object, or only to see the condition of the men?—It is more for the discovery of the venereal disease. But you are supposed to take a general survey of a man as he passes you.

5704. You stated that the married men passed by you, but that they did not show you their persons. I understood by that that it was done to obtain a survey of the men?—Yes. There is another inspection made once a week by the sergeants for the purpose of seeing that the men have washed their legs up to their knees, and are free from ulcers.

5705. Should you say that it is a venereal inspection, or a health inspection?—It is generally called the "Surgeons' Inspection," but properly, I believe it is a health inspection.

5706. It has not the opprobrious name of venereal attached to it in any way, although that may be part of the object?—As I said before, it is the surgeons' inspection.

5707. You were asked by the Chairman whether any objections

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were made by the men. Is there any objection on your own part, or on that of your brother medical officers to making these inspections. Do they consider it derogatory to their position as medical men to do it, or is it looked upon as part of their duty?—Nobody likes it, but I do it as part of my duty. I am ordered to do it by my commanding officer; but it is not a pleasant operation for any one.

5708. Do you know the opinions of your brother medical officers on the subject?—I never heard them raise any objection to it. I never heard any one of them say that he liked it.

5709. Is it left to your own discretion to treat the men as you like, and to any other officer in your position?—We generally have so many cases each when doing duty.

5710. Have you any particular rule as to treatment?—Each individual officer is not compelled to follow out any particular rule.

5711. One may adopt the mercurial mode of treatment, and another the non-mercurial mode, at his own discretion?—Yes, but whenever we have to treat in the battalion what we know as an indurated sore, the treatment as a general rule is mercurial.

5712. For instance, a new medical officer might join you, and, just as he had been taught in his school, so he would treat the cases that came before him; it would be left to him to treat them as he liked?—I take it that a junior officer, on first joining would not be allowed to exercise a discretion at first. I think that he would be required more to watch the cases than have them entrusted to him directly on joining.

5713. But they would come to him in the first instance, would they not?—Yes, but then they would go to the hospital. It does not necessarily follow, although a case comes to me in the first instance, that I should have the treatment of that case.

5714. Do you see many cases of constitutional syphilis, without there being any evidence of a primary sore?—I have seen a few in which we could not trace any, or find any cicatrix.

5715. To what do you attribute the origin of the disease; how has the virus been introduced?—I have always hitherto concluded that I have been unable to detect a sore.

5716. That is to say, there has been no remnant of it left?—Nothing that I could detect.

5717. *Dr. Babington.* Do you often find that relapses of secondary syphilis occur among the men?—Very frequently.

5718. Do you believe that syphilis can be had twice, or have you ever seen examples of it? I mean a new sore from fresh contact, and the whole of the symptoms over again, including the secondary symptoms?—I have seen cases in which a man has been in hospital with a primary sore which has been followed by secondary eruptions, and he has gone out again apparently quite well, and has had another sore; and then he has had another set of constitutional symptoms. It is very difficult to separate the two; they followed each other consecutively, but the sores were both indurated, and from different infections.

5719. Are you speaking of relapses or of new cases?—They were treated as new cases.

5720. Do you employ mercury in the treatment of primary syphilis?—We generally do for an indurated sore.

5721. Do you often see a venereal sore get well without any constitutional symptoms?—Not often; not an indurated sore.

5722. You do not, I think, distinguish between hard and soft sores?—I believe in one poison; but I believe that one sore, when it attains a certain character—which, I believe, is the commencement of the con-

stitutional symptoms—is necessarily oftener followed by constitutional symptoms than the other sore; it is only a consecutive part of the same disease. *Mr. Trotter.* 25 July, 1865.

5723. Do you often see cases that get well without the manifestation of secondary symptoms?—In the case of the soft sore very frequently.

5724. Do you recognise a stage of incubation after a man has had intercourse with a diseased woman; or, in other words, does a soft sore occur sooner than a hard one?—I believe that it will take a certain period of time.

5725. Do you think there is a certain period, or an uncertain period; for example, if a person is inoculated with the small-pox, after a certain number of days such and such appearances are observed, and always in a regular series. Is that the case with the venereal disease?—I believe so, when once the inoculation takes place.

5726. After what period of time will a hard sore make its appearance?—As I said before, they might all begin as soft sores; the hardness is a subsequent thing.

5727. How soon would it appear? in other words, what is the period of incubation?—It would attain its specific ulcerative character on about the eighth day. The induration may take place at any period during the existence of the sore, and in some instances even subsequent to cicatrisation.

5728. *Dr Balfour.* Do you think it possible to examine a battalion of men for venereal disease in the space of half an hour; would it be a satisfactory examination, so that you might feel convinced at the end of it you had detected the disease, if any existed?—I think so, with the few exceptions I have mentioned. I put gonorrhea out of the question.

5729. I think you have stated that you rarely detect the disease in the men at the inspections; and that being so, do you consider the inspections to be of sufficient importance to justify their being continued, when it is well known that they are extremely unpopular with the medical officers generally?—The inspections appear to me to be the only means of inducing the men to report themselves, because they are punished if they are detected at the inspections.

5730. Would not the same object be attained by punishing the men who, upon coming to the hospital, had evidently been concealing their disease?—I hate the inspections myself, speaking candidly, and always have done; but when the question is put to me I must honestly say that I do not think you can do without them.

5731. Are you aware that in the Grenadier Guards there are no inspections for the venereal disease?—No. I know that they have them in some of the battalions, unless the practice has been altered very recently.

5732. Do you know whether there is a greater amount of venereal disease in the Grenadier Guards, or whether the amount of that disease in the different regiments of Guards is generally alike?—I do not know.

5733. *Mr. Cock.* You have of course had opportunities of seeing primary sores in their very early stages at these inspections, and have you ever tried the plan of destroying them by escharotics?—In the very early stage of a primary sore I nearly always employ nitric acid.

5734. Do you find that that acts favourably?—I think that a sore heals sooner by that means, and I have always been satisfied with it.

5735. Have you reason to believe that by destroying a sore in its

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25 July, 1865. 5736. You believe that secondary symptoms are and may be prevented by the early destruction of a sore, before induration occurs?—I think so.

5737. *Dr. Donnet.* I think you stated that a sore which is not indurated is sometimes followed by constitutional syphilis?—I have certainly seen sores which have been entered and treated as soft sores, after which there have been constitutional symptoms, but it may have been my own error in diagnosis. I had certain cases in my mind at the time I spoke of them.

5738. Did the sore continue to be soft throughout its course?—I thought so. I had three cases in my eye at the moment, and I might have made a mistake in those cases, because they are so few.

5739. Having observed them, did you remark any peculiarity in the form of the eruption which followed that kind of sore?—None; the forms were different; in one case the eruption was papulous, and in two cases it was scaly.

5740. You did not observe any difference that was peculiar to those soft sores?—No; there were only three that I had in my mind. I am quite open to admit that I may have made a mistake.

5741. *Mr. Quain.* Are the Committee to understand that you consider those cases to which you have referred as rare exceptions when the constitutional disease followed the soft sores?—Yes.

5742. Do you expect, when you see a soft sore, that it will be followed by constitutional symptoms?—I do not expect any constitutional symptoms.

5743. With regard to the inspections of which you have spoken, do you believe them to be really useful?—I believe so, while the men are, as a class, indifferently educated; which circumstance appears to render them careless of any results, so long as they can avoid the necessary confinement, which the treatment in a military hospital entails.

5744. Do you know anything in regard to the inspection of women?—Nothing at all.

5745. Do you believe it would be useful if it could be carried out?—No doubt of it.

5746. Have you ever seen patients treated for the constitutional disease without mercury, as a system?—No.

5747. Have you seen the constitutional disease ordinarily treated with some form of mercury?—Yes; ordinarily so. Except in cases of great debility and marked syphilitic cachexia.

5748. *Mr. Spencer Smith.* Referring to what you have described as a "cheesy" secretion, and a "purulent" secretion, which you find in some instances, do you connect the two together at all?—My own idea is that in some cases the cheesy secretion causes irritation, and that that produces the state which I have described.

5749. Can you give the Committee any information as to how better opportunities for ablution might be provided for soldiers?—At the present moment there are no means for ablution provided in any of the barracks that I know of, except in a slight degree at Chelsea. In all the other barracks the ablution-rooms are shut up and locked at 7 or 8 o'clock at night. In all the barracks with which I am acquainted, there are bath-rooms, though, with the exception of Chelsea, all are placed on the basement below the surrounding level. In most, coals are allowed once a-week for heating water; but at Chelsea, hot water can only be procured by conveying it in buckets from the cook-house,

which is allowed at stated hours, twice a-week. A cold bath can be procured daily; but, from their situation, the rooms feel cold, chilly, and damp, and offer little encouragement for a man to use them, except in the hottest weather. At Chelsea each barrack-room has its own ablution-room. *Mr. Trotter.* 25 July, 1865.

5750. Is that so cold as you have described the others to be?—No; it is on the same floor, under cover, and immediately outside the barrack-room. Instead of the old urine tubs, there is a urinal, which is unlocked at night; the arrangement is similar to that which is seen at railway stations, and there is an ample supply of water. If a man was very cleanly, he might wash himself there, but that is the only means he has for the purpose.

5751. Are there many taps provided?—There is one to each basin.

5752. Would there be any difficulty in having the same accommodation provided in other barracks as exists at Chelsea?—It would be a matter of considerable difficulty; there is no room for it—the corridors and passages are not large enough.

5753. Will you explain your reasons why you believe in the unity rather than in the duality of the venereal poison?—My chief reason is, that I have sometimes seen a sore remain, perhaps, for three weeks, what is called a soft sore, and then it has become suddenly indurated; for example, I have seen a man go out apparently with a soft sore perfectly healed, and he has come back in a short time with a large button there, and with the skin neither broken nor abraded.

5754. *Chairman.* Is there anything further that you wish to suggest to the Committee?—With regard to inspections, looking at the present race of men that we have in the army, ignorant as they are, I am afraid that you cannot do without inspections. I wish it to be distinctly understood that, personally, I am not at all an advocate for inspections, because I do not like them; but if you ask me the question I am bound to say what I think, and I think that the inspections are useful. When the men have been away on small detachments and they have not been inspected, the only thing that ever brings them to report themselves is this: if they get a soft sore, and go walking about, they get an enlarged gland, and then they are brought up before you with a suppurating bubo. I am afraid that either the certainty of punishment is not sufficiently explained to the men, or that they do not understand their condition. I believe that inspections could be done away with if you could get more attention paid to the regulations by the men, and if a certain code was read out to them once a-week, thoroughly explaining to them what the punishments would be if they were found out.

The witness withdrew.

Tuesday, 1st August, 1865.

Present:

DR. BABINGTON, F.R.S., *in the Chair.*
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

William Jenner, Esq., M.D., F.R.S. (Physician in Ordinary to the Queen, Physician to the University College Hospital, Professor of Medicine at the University College, and late Physician to the Hospital for Sick Children), examined.

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5755. *Chairman.* Do you recognise the constitutional disease known by the name of syphilis?—Yes.

5756. Have you had frequent opportunities of observing syphilis in children?—Yes. I saw a great deal of syphilis in children in the Hospital for Sick Children, with which I was connected for some years—I think for about 10 years; among the out-patients especially I saw a large number of cases of syphilis.

5757. At what ages did you see it principally?—Principally in infants. We received the children from the earliest period up to 10 years of age; they would come even up to the age of 12, but 10 was the common age of the in-patients.

5758. By what symptoms do you recognise the disease as syphilis?—By the state of the skin, and by the state of the mucous membranes; by those especially.

5759. Did you recognise the disease sometimes by primary sores?—Very rarely indeed.

5760. Had the children otherwise the appearance of healthy children?—Sometimes they had, but they looked prematurely old; that was a great feature. The skin was loose, and there was a want of elasticity, especially as shown about the orifices; for example, the margin of the mouth, the nose, the anus, and the eyes, and then the soles of the feet, and the palms of the hands.

5761. Was the skin otherwise discoloured?—Yes; it had that slightly yellowish tint—a dirty muddy tint—which has been considered quite peculiar, so that you could even tell a child affected with syphilis by its aged look, by the way in which the skin hung, and its colour. The skin had not only lost its elasticity, but it had a great tendency to crack about the orifices.

5762. Did the appearances in any degree resemble those of struma?—Yes, in one point especially, I think, in the loss of transparency. There were in both a muddy tint and a want of delicacy in the skin, and it looked thick.

5763. Had you any difficulty in diagnosing the syphilitic children, and distinguishing them from the scrofulous children?—I think not, judging by the symptoms which I have described, conjoined especially with the condition of the mucous membranes.

5764. What was the greatest age at which you saw these cases?—From birth upwards. I did not see much of them after five or six years old. I cannot speak from great experience after that age, but in infants I have had a great deal of experience.

5765. Have you ever seen any cases in children 13 or 14 years old?—Yes, but not sufficient to make me any authority, or to justify me in giving any opinion.

5766. What was your treatment of the cases you have referred to?—Mercurial.

5767. Did treatment by mercury prove tolerably successful?—Very successful.

5768. Can you state to the Committee anything like the proportion of the cases that got well under that treatment compared with those that did not?—Speaking generally, there was a very large proportion, if they came under treatment at an early period after the appearance of the symptoms.

5769. Did you ever attempt to treat the children through the mother?—I have done so in some cases, but I never met with children which gave me any difficulty in treating them through their own systems. When the mother has had the disease I have always given her some mercury, so that the children have had the advantage of it in both ways, because I have always given mercury also to the children.

5770. What was the particular form of mercury which you administered to them?—I gave them the grey powder.

5771. What was your criterion for discontinuing that treatment?—As soon as the symptoms began to improve, or there was any diarrhœa, I left off the mercury, or diminished the quantity; if there was diarrhœa, I added chalk to the mercury.

5772. You did not push the mercury so far as to make the gums sore?—Not in the least; if there were green stools I discontinued the use of mercury. I endeavoured to stop short of that, because it lowered the condition of the child.

5773. Did you ever see any ill effects result from the use of mercury?—I have never seen any ill effects result from it except irritation of the bowels, and I have always had that under control.

5774. Have you seen those children grow up and become strong and healthy like other children?—I have reason to believe that they have gone on well, and I have no reason to think that their constitutions were afterwards affected; but I have lost sight of them. My belief is that they have grown into healthy children.

5775. Did you use iodide of potassium at all?—Yes; after having given mercury I have often given iodide of potassium. I have frequently given it for a little while to a child in order to keep up for a short time the action and influence on the system; but I have trusted absolutely to the mercury.

5776. Would you say that you have seen hundreds of cases of the disease in children?—I have seen many, and I should say hundreds. I have had so many children there in a morning that I think I may say there had been from 150 to 180 new cases. I mean out-patients. I mean occasionally. I have been there myself at 9 o'clock in the morning, or at half-past 8 o'clock, and I have remained there till 11 and 12, and sometimes 1 o'clock, seeing them as fast as I could see them, and out of that large number there were a very large number of

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syphilitic cases. I was also physician to the out-patients at the University College Hospital, where there was a proportion of children. I saw there a certain number. But to shew the difficulty that is presented sometimes, I remember this occurring in the case of my assistant, who had passed his examinations: I recollect going into the room and seeing him treating a child: I asked him what was the matter with it, and how long it had been there; he stated that it had been there for three weeks. I said "What is the matter with the child?" He said, "The child is strumous." I looked at it, and I found that the child was syphilitic; it was past all hope, and the child died. It had never been under the influence of mercury; but I feel sure that if that child had been treated early with mercury it would have recovered, for such a class of cases do exceedingly well under that mode of treatment.

5777. *Dr. Balfour.* Do you find that children labouring under constitutional syphilis are liable to relapses, as is found to be the case in older people?—I think that they are less liable to relapses. I think that their constitutional symptoms are slighter.

5778. You believe that they are not so liable to relapses if you once remove the symptoms?—I think not. It must be remembered that the out-patients of a hospital do not afford one the best opportunity of determining upon that point; but, so far as my experience has gone, they are not liable to the same amount of relapses.

5779. Do you find that children are as susceptible of mercurial action as adults are, as shown by the gums, for example?—Not as shown by the gums in little children. I never saw it.

5780. In what way do you satisfy yourself that a child has come under the influence of mercury?—By the action on the bowels and the green stools, which show its influence; but in syphilis I endeavour to avoid these as much as possible, and I trust rather to the disappearance of the symptoms, as the most unequivocal sign.

5781. Have you read the Contagious Diseases Prevention Act?—I have not.

5782. Do you believe that secondary syphilis is communicable?—I should not like to give any opinion upon that.

5783. *Dr. Donnet.* Have you observed infantile syphilis in children immediately after birth, or do those symptoms only show themselves some time afterwards?—They show themselves sometimes immediately after birth. Sometimes a child is born with those symptoms, and sometimes they do not come on for a fortnight, or three weeks, or a month. Six weeks, two months, and three months sometimes elapse before the symptoms show themselves.

5784. You have stated that you administered grey powder to the children; how often did you give it, and in what doses?—I gave it three times a day, and in quantities varying from half a grain to a grain and two grains, according to the age of the child and the influence of the mercury on the bowels. I should add that I also occasionally ordered it to be rubbed in.

5785. You used inunctions also?—Yes, sometimes.

5786. Have you made *post-mortem* examinations of children who have died from syphilis; and if so, what appearances did you observe?—I have made *post-mortem* examinations of such children, and I have noticed that the thymus was large and soft, and the liver large, and then there was the local lesion from which they had died. Very many of them die from bronchitis.

5787. Have you observed any particular affection of the liver?—No, except a large liver, often an albumenoid liver, and infiltrated. As the

term "albumenoid" is used by different persons with different meanings, I may say that I mean a large, smooth, hard, heavy, semi-transparent liver, pale, and infiltrated with a matter that is something like glue in appearance. I have seen in adults the ordinary syphilitic nodules; many people die from them; but I never saw them in children.

5788. *Mr. Quain.* Was there anything peculiar in the food that you gave to the children?—I saw that they had good food given to them, especially milk, if they were young children.

5789. Have you ever seen them treated without any mercury as a system?—I have seen them treated without mercury—not as a system: but I have seen many cases which have been treated for a considerable time without the use of mercury.

5790. What was the result of that treatment in those cases?—The result was most fatal. The case to which I have just referred (Q. 5776) was that of a child which, before I saw it, had not been placed under mercurial treatment, and then it seemed to me to be too late to expect it to benefit enough by the use of mercury to save its life.

5791. You have seen a sufficient number of cases treated without mercury, and have witnessed, to a sufficient extent, the result of such treatment, to prefer very much treatment by mercury?—I prefer treatment by mercury so much that I should consider myself guilty of the murder of a child if I treated it without mercury, and it died; that would be my strong conviction. I told the young man who had treated the child in the case to which I have referred, that the child's death lay at his door; for I firmly believe that if that child had been treated with mercury at an early period it would have recovered. I have no more doubt about that, or about the influence of mercury, than I have about the influence of an aperient.

5792. Have you observed the eyes of those children, and whether they are, as in adults, affected with iritis?—No; I have seen the older children suffer from inflammation of the iris, and I have seen also suppurative destruction of the cornea. I have seen suppuration or pus in the anterior chamber of the eye, in cases where constitutional syphilis was present; but whether it was the result or not of that disease, I have not seen enough to enable me to give an opinion.

5793. Have you noticed or enquired into the condition of the parents of the children who were brought to you as patients suffering from constitutional syphilis, so as to ascertain whether they had, at the time when you saw the children, or shortly before that, syphilis?—Yes, in some cases. I generally saw the mothers, and it was not always possible to get at the true history. I very often found that the father had been a man of loose habits, and it was very difficult to get, in the case of the out-patients, any history of it. At times I have seen the mother suffering from unquestionable secondary syphilis; but that I think was rather an exception.

5794. Has it happened to you to see children suffering from constitutional syphilis, in neither of whose parents there was any appearance of disease at the same time?—Yes; that is to say, I certainly have seen those who did not admit that they had any appearance. Not long since I was asked to see a child by a physician, who was not able to attend, and the child had not been seen by him for a day or two. The child was very ill, and had an eruption coming out, and the physician was not at all sure that it was not going to have small-pox. I was asked to visit the child. I went, and found it very unwell. I saw that it was suffering from most unequivocal constitutional syphilis; the skin showed it absolutely; it was apparent on the soles of the feet, and there were

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eruptions which were unmistakably syphilitic. The palms of the hands showed it, and the mouth showed it; it had those absolute eruptions round the eyebrows, which are so very characteristic. Then came the mucous tubercle, and those conditions of the anus and the mucous membrane at the margin or verge of the mouth, and on the tongue, which could leave no shadow of doubt that it was syphilis. I do not think it was possible to be much worse. I saw that it was important to determine upon the treatment. I suspected the father, and when we came down stairs I asked him whether he had had anything of the kind, because, if so, it was desirable that he should be treated. He said that he had not; he declared most solemnly that he had nothing of the kind. The mother was a healthy-looking woman. The father asked me if I was sure about it? I said that I was as sure of it as I could be of anything, by my diagnosis. I left the house, having prescribed for the child. When I saw the mother, she said that she was perfectly well; but the physician whom I have mentioned said, "No doubt you are right. The mother was in keeping before she married the father of the child." She had been a person of loose character. There were no symptoms of disease in her; but although there were no symptoms, there were such a history of her previous life as to lead one to believe it possible. Then I remember another case in which the child died from syphilis. I did not see it until it was dead, and in that case the symptoms were most unequivocal. In a third case the father and mother of a child were brought to me by a physician, and the physician said to me, "This child has been getting thinner and thinner, and becoming emaciated; it has some eruption upon it, and is in bad health, but I cannot make anything of it. I wish you to look at the child." The child was brought into my room, and it began to cry out. I observed that it had that peculiar hoarse cry which I had at other times noticed. I naturally looked into its mouth as it opened it, and there I saw on the tongue mucous tubercles, and also on the inside of the cheek, which were most unquestionable evidences of the disease. The gentleman who brought the child to me was standing behind the mother as she held the child in her arms, and his eye followed mine. He turned round, and held up his hands, as much as to say, "I see it all." He said to me afterwards, "I never could have suspected it; where could it have come from?" Neither the father nor the mother had anything the matter with them; but it turned out that the nurse had had bad breasts.

5795. In that case had the lady had other children?—No; this was her first child. There was certainly not the least reason to suspect any immorality on the part of the parents.

5796. Did you examine the nurse in that case?—No; she had at the time left the family, and I had no opportunity of doing so.

5797. But it was known that she had had sores on her nipples?—Yes; but she had left her situation, because she was in bad health.

5798. Did you afterwards treat that child?—No; but the last I heard of it was that it had got well; this occurred four or five years ago.

5799. Have you seen several children born of the same parents suffer from syphilis?—No; but I have been assured that the other children, besides the first, have suffered. I have not seen them myself suffering.

5800. In such a case as that, should you consider it wise to have the parents treated, although they had no appearance of disease upon them at the time?—In such a case as I have mentioned, knowing the nature of the disease, I should not pass them through a course of mercury, if the parents assured me that they had had nothing the matter with them, and if only one child had had it.

5801. *Dr. Wilks.* When you stated that the syphilitic disease might resemble the strumous disease in the appearance of the skin, you did not, I presume, include tubercular disease?—Not at all. I keep them quite apart and distinct.

5802. With regard to tubercular affections, the distinction between them and syphilitic affections would be still greater, would it not?—Yes. I may mention that of the cases I have seen of syphilitic children at the Children's Hospital, they were in a large majority of cases the first-born children after marriage, or the first and second children. I have heard that the first child had suffered and died, or had suffered and got well; but the great majority of them were cases of early children, while you might often see struma and tubercular disease occurring in the subsequent children, but not in the first—never, hardly, rickets in the first-born children, or it was infinitely rare among them—just in proportion to the number of children that a woman had was a child likely to be rickety.

5803. The syphilis would wear out, I suppose, whereas the other would remain?—Just so; the parents become poorer, and if they have many children they are worse lodged and worse fed, and all the hygienic conditions become worse and more unfavourable, while the specific poison of the venereal disease is wearing itself out, or ceasing, therefore I think I see why the later born children should be tubercular, strumous, and rickety.

5804. You stated, I think, that you had no difficulty in distinguishing the disease with regard to the skeleton. I presume you had no difficulty in affections of the bones, in distinguishing the scrofulous disease from the syphilitic disease?—I have had less experience as to bone disease than of almost any other form, and I should speak with considerable hesitation about it, except as to the rickety form of the disease—of that there is no doubt.

5805. You would say, I suppose, that scrofulous disease of the bone was a destructive one, would you not?—Yes.

5806. Or that there was a softening process?—Yes, but the induration which occurs in syphilis is a thing which is not in any way related to struma.

5807. Is it a part of the bone affections?—After death I think there is no difficulty in distinguishing syphilitic ulceration from the strumous—I mean that pin-hole ulceration; but I speak of that from less experience.

5808. Have you observed syphilis above the age of infancy?—Yes, I have observed it in old persons; but in those cases the induration of the bone is quite peculiar.

5809. Referring to those points to which Mr. Hutchinson has drawn the attention of the profession, what is your opinion as to the observations which he has made upon the teeth of children?—I should hardly like to give a very decided opinion upon that. Mr. Hutchinson's observations were made and published to the world after I had seen syphilis on the largest scale. I have read what he has stated, but I have seen nothing to confirm it, and that is the most that I should like to say. I have certainly not seen anything yet that would lead me to confirm the statement made by Mr. Hutchinson.

5810. On the other hand you recognise a state of the jaw and teeth, which you would know at once was strumous or scrofulous?—Yes; but I should not like to say anything about the relation between syphilis and the state of the jaws and teeth. I can only say that I have seen nothing to confirm what Mr. Hutchinson has stated.

5811. Nor, perhaps, anything at variance with it?—No; I have not

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seen such a state of the teeth as is described by Mr. Hutchinson, that is where there was positively any such state of the teeth.

5812. I wish to know whether, when you find a young person who has a flattened nose, bad teeth, ulceration in the throat, and the tibiæ much enlarged, you recognise that as scrofulous?—I can hardly say; there are a number of circumstances to be taken into consideration.

5813. Do you ever see, in your general practice amongst adults, any disease of the bones produced by mercury?—No; I have never seen it produced by mercury alone—certainly not.

5814. *Chairman.* Is there anything which occurs to you with reference to the prevention of syphilis in the Army and Navy, which you wish to state to the Committee?—I think it is most important that the prevalence of the disease should be, if possible, modified; speaking from my knowledge of its influence on children, it is most terrible.

5815. Have you ever considered how soon a man or a woman who has had syphilis, might be safely allowed to marry?—No; it is so difficult to get at the truth. But I may illustrate that question by this case. A medical man who was much interested in the subject of syphilis, came to see me some years since. He told me that he had had syphilis upon him as a student in Dublin; that he had married four or five years afterwards, and that his first child was born covered with syphilitic eruptions, and died. This was the case of a medical man, who was very enlightened, and yet who thought himself perfectly free from the disease.

5816. Do you find that it is very difficult to obtain reliable evidence?—Yes, it is almost impossible.

The witness withdrew.

Tuesday, 15th August, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Dr. Arthur Farre (Physician Accoucheur to Her Royal Highness the Princess of Wales, and late Professor of Obstetric Medicine in King's College), examined.

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5817. *Chairman.* You have attended, I presume, a large number of cases of child-birth, both in the upper and lower classes, and among the poor?—In all classes.

5818. Then you must be very familiar with the various aspects pre-

sented by children at their birth, and are doubtless familiar with the appearances presented in infants born of syphilitic parents?—I am quite familiar with them. *Dr. A. Farre.* 15 Aug. 1865.

5819. Do your observations lead you to think that such cases are confined to the poorer classes?—By no means.

5820. May I say that they are more common in the lower classes?—Certainly; I think so.

5821. Are you sufficiently familiar with the disease to be able to distinguish it readily at the moment of birth?—Yes, very readily; but it is not so frequently seen at the moment of birth as it is shortly afterwards.

5822. After what time should you say?—After from five to ten days, and onwards to within three weeks, or later than that.

5823. Will you be good enough to describe the appearance presented by a syphilitic infant?—That would depend upon the stage at which the disease had arrived, and the number of days or weeks during which it had existed.

5824. Take, for example, a period of ten days?—I will name the symptoms in the order in which they have occurred, and perhaps the most striking and remarkable feature is the pallor which arises from the destruction or the absence of red blood—that is, perhaps, the most striking and remarkable feature; it is not often observed at first; but it is, I should think, the most significant, or one of the most significant features, because it affects the whole system of the child. If I were to point to local symptoms, I think the feature which presents itself most commonly first is the tawny coloured patch of skin about the eyebrows. I think I have seen that appear first, more commonly than any other symptom—a faded leaf or tawny-coloured patch on the skin about the eyebrows. But before that symptom is observed, which I attribute to syphilis, there is the depression of the nose, because that is born with the child. The alæ nasi are depressed in almost every syphilitic child, and it is a very marked feature. Next after that follows the snuffling, which occurs also in every syphilitic child, and that often occurs 48 hours after birth. Then there follows, almost immediately after, or a few days after birth, if the disease manifests itself much in the skin, that tawny-coloured patch of which I have before spoken. Next in order, I think, follow mucous tubercles, which present themselves at the angles of the mouth, and the ordinary cracks and fissures. These are followed very soon afterwards by similar fissures and cracks, and tubercles and soft condylomata about the anus. Then there is to be observed a peculiar cracked voice, which I would compare to a penny trumpet—that is a very marked feature in syphilitic children when about three weeks old. About the same time I think I have noticed those white patches in the roof of the mouth and hard palate, which are very commonly seen in syphilitic children. Then a state of atrophy soon sets in, and the child begins to waste; the skin hangs loosely about the limbs, and by this time the body is frequently covered more or less with syphilitic psoriasis, and an ichorous discharge takes place from the nostrils. I think that these are the most striking features to be observed in syphilitic infants, and all these develop themselves in the course of the first six weeks from the time of birth, beginning often about the fifth day, and the snuffling often on the second day. The symptoms are pretty well developed at the end of three weeks, and if the disease is allowed to run its course, at the end of six weeks the child will be in a state of atrophy.

5825. After the full and able description which you have given of these symptoms, I need scarcely ask you (but I do ask you, for purposes that will be palpable) whether you find any difficulty in distinguishing

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such symptoms of syphilis from those of scrofula?—None whatever. There is a disease which is much more nearly allied to syphilis than scrofula in infants, and that is rickets; those two diseases have many features in common.

5826. That is, syphilis and rhachitis?—Yes.

5827. But you see no resemblance between rhachitis and scrofula?—Yes; I do see some features in common.

5828. But you have no difficulty in the diagnosis of the true syphilitic disease which is inborn in infants?—None whatever—not the slightest; it can be diagnosed, as I may say, at a long distance, and it is frequently done for the purpose of instructing students.

5829. You have acquired this knowledge from the great opportunities you have had for observation and study in the large institutions with which you have been connected?—Yes.

5830. It has been the result of the great experience which you have had in the large field which you have trodden?—Yes; I think that during the time (21 years) that I was physician at the King's College Hospital, where there was a special department for children—and it was almost the only general hospital which had a special department for children—the number of patients that passed through my hands was about 80,000; they were chiefly children, but many of them women; still that was the number of patients in that department; but certainly five-sixths of them were infants or young children.

5831. Presuming that a large body of practitioners throughout the country are deprived of the advantages which you have had so largely, do you not think it probable that there is less discrimination and less intimacy on their part with these varieties of disease, than among men who, like yourself, have been brought up in what I may call the very atmosphere of knowledge?—Yes, and I can answer that question in a practical way. I have frequently had children sent to me by very respectable practitioners who had not detected that a child was suffering from syphilis, although the most palpable symptoms were presented; the practitioner in charge of the case, although a man of very considerable powers of observation, has not detected the nature of the disease.

5832. Perhaps it would not be a reasonable question to ask you whether you can state anything like the proportion of cases, say out of 100 or 1,000, that present syphilitic characters; but are they, in any sense, what you could describe as common. Do you see many examples in the course of each year?—Very many; and so common are they, that during the many years that I attended at King's College Hospital I was able almost always to give a clinical lecture on half a dozen cases in a morning on any three days in a week that I attended them. Nothing was more common than to collect half a dozen cases, selecting them in the course of a morning out of 150 patients; that was very easy indeed; and I might say that I have sometimes seen 12 cases in a morning—I do not mean all new cases—but cases in attendance; it was very rare indeed that I did not see one case in the course of a day.

5833. Then, with regard to your treatment of these cases, do you employ mercury?—Always.

5834. In what proportion of the cases so treated could you reasonably say that the treatment was successful?—Perhaps I may be permitted to answer that question rather fully. The conclusion that I came to, after many years' experience, was that syphilis in infants was one of the most easily cured complaints that could be met with, provided the treatment was commenced sufficiently early, in which case the cure was as certain as of any complaint that could be named. As far as I am concerned, I arrived at this conclusion, that there was a very simple and effectual

remedy in mercury, in the form of the grey powder, administered in very small doses, one or two grains every night, which I found sufficient, followed up for two or three weeks. To remove all the more prominent symptoms, as far as internal medicine was concerned, I trusted to nothing else, and I considered that mode of treatment so certain, that it made an admirable subject for clinical lectures, not only by way of explaining the effects of the remedies, but also with the view of predicting the effects; for example, I could say to the students, "If you come here this day week, you will see such and such an abatement of the symptoms." The local remedies were chiefly mercurial ointments, the white precipitate, or ammonio-chloride, and mercurial ointment. These, combined with grey powder, sufficed to cure, I think, three-fourths of the cases which came under notice sufficiently early. The only difficulty which I experienced was in making the parents attend to the child after the symptoms had disappeared; that was the great flaw in their treatment, for the moment the symptoms had cleared off the parents ceased to bring the children; but almost all those who ceased to bring them, when the treatment was stopped at the moment when the symptoms disappeared, had to return again. If I could succeed in persuading them to continue the treatment for three weeks after the last symptoms had disappeared, I considered that those cases were entirely cured, and a very small per centage were ever brought back again.

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5835. You place naturally unbounded faith in the effects of the mercurial treatment?—Certainly.

5836. Can you suggest any other substitute for it?—No. I am speaking now of cases that were brought to me early before atrophy had commenced; it was difficult to treat them after atrophy had commenced, and the child had become perfectly anemic; then the difficulty of treatment by mercury alone was very great, and I was obliged to employ tonics and sarsaparilla; but I believe that mercury is quite sufficient for the treatment in every case that is brought in time, either internally or externally, or both forms combined.

5837. What construction do you put upon the fact that a child is born without any symptoms, and that those symptoms become developed in the course of a certain, or perhaps I should say an uncertain, number of days; would you call that the period of incubation of the syphilitic poison, the child having, during that interval, the attributes of health?—I cannot explain that circumstance: why, after a certain number of days from the time of birth, the symptoms should develop themselves. Of course they are frequently developed in utero, and one sees a number of dead syphilitic children born. It is certainly a peculiar feature in syphilis, as it shews itself in infants, that it does not, commonly, develop itself until about the fifth day after birth.

5838. Is the communication of the syphilitic poison from the male to the female in the secondary disease necessarily, in your judgment, through the fœtus?—I do not think so necessarily. I believe that that is the mode in which it is generally conveyed, but I doubt whether it is the only mode.

5839. Do you believe that intercourse is capable of communicating the secondary disease from one sex to the other, independently of communication through the fœtus?—Yes; I am inclined to think so.

5840. Have you often had opportunities, whether in one class or another, of tracing back the disease to either parent in the cases of those children which have shown the syphilitic disease at the end of a few days after birth?—Yes, frequently; but in the lower class I have given up all attempts to trace it. I have found that the mother frequently exhibits no symptoms whatever, and is perfectly ignorant of the complaint that

Dr. A. Farre. the child suffers from; it is often difficult to get at the father, for among working men you cannot get hold of them. The mothers bring the
15 Aug. 1865. children, and they are perfectly innocent of all knowledge of a syphilitic taint; they exhibit no symptoms themselves, although they may give birth to highly-tainted children.

5841. *Dr. Babington.* Have you found any disproportion between the number of male and female children which have been so affected?—It has never occurred to me to notice that point.

5842. Mr. Hutchinson has stated that there are three-fourths of them males?—I do not think that that is so, indeed I am certain that it has not been so in my own observation. (In order to determine this point more accurately, the witness subsequently referred to his memoranda of a hundred cases taken without selection, in the order in which they had come under observation. The results were, Males 46, Females 54.—S. S., Sec.)

5843. Have you made *post-mortem* examinations on children who have died from the disease?—Yes, occasionally, but not frequently.

5844. In such cases have you found the internal organs affected by syphilis?—Not generally. There was an idea that the supra-renal capsules and the thymous and thyroid glands were affected, and that there was a tendency to suppuration and softening of them. Such an idea did obtain, and I tried to work that out, but I could not satisfy myself that it was the case, it was supposed to be a peculiar feature.

5845. Have you seen many cases of syphilis occurring later in children, at seven or eight years of age, among those who had lived beyond the first period?—It is very rare to see syphilis in a child after three years of age; in the way of syphilitic lepra, perhaps you mean.

5846. Mr. Hutchinson states that the incisor teeth show permanent marks of the disease?—I think that the signs of syphilis then become very marked; for instance, the depression of the nose is then completely confirmed, and the peculiar aspect of the countenance, arising from a disproportionate arrangement of the features.

5847. It is stated that the eyes also are affected?—Yes, they often are.

5848. You have mentioned the flattening of the alæ nasi, are the bones of the nose flattened at all in the infant?—Yes.

5849. I think you meant to say the bones of the nose rather than the alæ nasi?—I should have said, rather, an expansion of the alæ nasi and a flattening of the bridge of the nose.

5850. *Dr. Balfour.* What is the longest period which you have known to elapse between the last attack of syphilis in a parent and the birth of a child born with the syphilitic disease?—From eight to ten years.

5851. I presume then that you consider there is no period at which a parent who has had an attack of syphilis may marry with perfect safety?—I think not.

5852. *Dr. Donnet.* Have you ever observed jaundice in syphilitic children?—Yes, but I think not commonly.

5853. Do you consider that jaundice in them is dependent upon the syphilis?—No, I think not. I have already mentioned the peculiar pallor of the whole body, which is only like that pallor which is produced in infants by enlarged spleen. I know of no means by which you can distinguish the syphilitic pallor of infants from the pallor produced by enlarged spleen; it is very remarkable in both, and they are so much alike.

5854. Do you consider enlarged spleen to be dependent upon the syphilitic disease?—No, I think it is quite independent of it.

5855. *Mr. Quain.* How would you diagnose rhachitis from syphilis? —That is a very difficult point, but I have a suspicion that rhachitis is a diluted form of syphilis. I have a suspicion that in some sense syphilis is, so to speak, the parent of rhachitis; indeed, I very much suspect that it is a very diluted form of syphilis. There are many points in common between the two complaints in the form of a child, particularly the head and face. In rickets one constantly sees an imperfect development of the parietal bones, and the anterior fontanel is larger in rhachitic children always. In syphilitic children there is almost always a depression of the nose, and an expansion of the alæ nasi, and in both cases there is the white aspect, and a softening of the bones. Certainly the bones of syphilitic infants are not so strong as in healthy children. Then there is atrophy, and a tendency to chronic hydrocephalus in each case, and, generally speaking, there is that peculiar aspect which is common to both compaints. *Dr. A. Farn.* 15 Aug. 1863.

5856. How do you distinguish the one from the other?—In distinguishing the one from the other it is to be observed, that in rhachitis there is an absence of all eruption on the skin, or on the face, an absence of mucous tubercles about the anus, and the angles of the mouth; and then there is this circumstance to be borne in mind, that syphilis in infants generally developes itself in the first six weeks after birth, whereas rhachitis is often not observed until towards the end of the first year; certainly not until several months have passed away, and the tawny-coloured patches are not present; it does not go into syphilitic psoriasis, there is an absence of that.

5857. You have stated that you treat children for about three weeks, speaking in general terms, with the grey powder?—Yes, from three to six weeks; three weeks for the shortest course.

5858. What medicine would you administer during the three extra weeks, if the children were continued under your care? You have stated that the parents do not generally bring back the children.—I should repeat the same medicine in a modified form, but always for three weeks. We lay down a rough rule in hospital practice, where you have people bringing children to you, according to the orders, on certain days; but if you can follow the treatment up in private houses, the rule need not be so strictly followed.

5859. Then in general terms, I may take it that the treatment of a case would last for about six weeks?—Yes, when brought under notice within the first fortnight.

5860. How are the children fed during the time they are under this treatment?—They are mostly at the breast.

5861. If the mother was syphilitic, would you continue them at the mother's breast?—It is so rare that one distinguishes syphilis in the mother—of course, if I could detect it, I would not continue the child at the mother's breast—it should be weaned.

5862. Have you frequently observed that the mother has become syphilitic apparently from the child in utero?—Yes; that is to say, symptoms of syphilis in the mother, as regards the skin, have appeared during pregnancy, which leads to the inference that she must have been poisoned by the child, if that is a fair inference—I am speaking now of eruptions.

5863. You infer that the disease will be communicated by the child in utero to the mother?—I think so; but I also stated that an uncured male may inoculate a female, without having an open sore, by cohabitation.

5864. That would be more likely, perhaps, to have occurred under your own observation?—Yes; I have seen that occur.

5865. Then it is not common for the mother to have syphilis

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although her child has syphilis?—By no means; it is the exception rather than the rule.

5866. Suppose the mother to have syphilis, how is the child to be fed, in the best way?—By a healthy wet-nurse.

5867. Have you seen such a wet-nurse take the disease from a child?—Yes; where the child has had tubercles in the mouth, I have seen it communicated to the nipple; there has been a sore upon it.

5868. And have such women, afterwards, the disease over the whole of their system?—Yes.

5869. Have you known nurses so infected over the whole system without having sores on the nipple?—I think there has generally been some tenderness, or some abraded surface about the nipple, by which the poison has entered; I do not know that it assumed a papular form.

5870. Have you seen children affected with syphilis treated, as a rule, without mercury, or with any other form of medicine?—I have frequently.

5871. Successfully, or unsuccessfully?—I have generally seen it in those cases in which the practitioner failed to detect the nature of the disease, and in that case it has generally run on.

5872. Have you seen children treated, as a system, knowingly without mercury in any number?—No; I am not aware of anything else that cures the disease successfully.

5873. Chlorate of potash and other medicines have been spoken of recently; have you had no experience of any of them?—Yes; I use chlorate of potash frequently in cases where the mouth has been very sore—I spoke of grey powder as my sheet-anchor; but I do not mean to exclude other treatment. If the mouth is sore and there is an ichorous discharge from the nostrils, I use chlorate of potash, combined with bark, and I consider it of great value.

5874. Have you used mercury by inunction in the treatment of children?—Yes; but I have generally only used it locally to the parts affected—for example, rubbing the white precipitate on the nose, when there was snuffling—not smearing it over on the healthy parts; I have done it, but I abandoned it; that is to say, I have done it by way of experiment to some extent, but I abandoned it.

5875. In the cases of children who manifest syphilitic symptoms or appearances five days after birth, do they generally seem healthy and well nurtured up to that time, or can you then discover, by any mark that they are likely to have syphilitic appearances?—I think that syphilitic children, when born, are not so well nourished as healthy children. I think, as a rule, that they are thinner, and that the flesh is softer, and they are not so well developed.

5876. Is there any reliable indication at the time referred to of a syphilitic taint in any shape or form,—I mean before the fourth or fifth day?—I think I have already stated that they are born with a depression of the nose, and rather broader alæ nasi. They are born with those marks, and as a general rule they are more pallid, and they become much more pallid afterwards, until they exhibit that peculiar anæmic condition so characteristic of syphilitic children. It must be remembered that during the first five days the skin of the child undergoes all those changes from red to yellow, which all children, more or less, exhibit. I might perhaps refer to a point with reference to scrofula. I was asked whether I could distinguish scrofula from syphilis; nothing is more easy.

5877. Will you describe the symptoms upon which you would diagnose a case of scrofula?—Perhaps scrofula is distinguishable more by the absence of the definite signs of syphilis. There is some-

thing in common, a child is not well nourished, and is not well developed. I speak now of a strumous child, it is generally more pallid, the features are often not so delicately or well formed, and, to a certain extent, there is an imperfection about the bones of the nose, which is occasionally observed in scrofulous children; they are apt to have later developed teeth, and often the fontanel is larger, and there are some of the other symptoms connected with the development of the osseous system which are observed in common with rhachitis and syphilis. You do not generally, although you do occasionally, have in syphilitic children diseases of the glandular system, which constitute a characteristic feature of struma in children, as in the glands of the neck and the abdomen.

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5878. *Dr. Wilks.* You have stated that the disease was very common among certain patients. Can you give the Committee any idea of how many children are still-born with syphilis?—No; because it is so difficult to discover with certainty the cause of death in a fœtus in utero. We conclude that the majority of the children who die in utero die from syphilis in some form.

5879. In the lying-in charities you find it not uncommon?—No.

5880. Do you say it is not a common cause of death?—Syphilis is a most common cause of death of the fœtus in utero.

5881. Is it a common cause of abortion at an earlier period?—I think you can sometimes trace abortion to that cause, but it is a great deal more difficult to arrive at a conclusion as to the cause of abortion where you have no evidence. In an aborted fœtus you have no evidence of syphilis at all; you, probably, never see any evidence of it before six months have elapsed.

5882. Have you known cases where a woman has had syphilis, and a child has been still-born, and yet that there has not been sufficient evidence to account for its death, and you have had to attribute it to the mother?—I have frequently seen cases of still-born children, in which I could not discover, from observation of the children, any trace of syphilis, although I expected it.

5883. In that case you would attribute the death of the child rather to the condition of the mother?—I think it stands thus, that the older the child in utero is, the more likely it is to exhibit certain symptoms of syphilis. If a child dies before six months in utero, I think you very rarely find any sign of syphilis about it

5884. I would ask you whether a child may die indirectly from the effects of syphilis, the cause being in the mother, and not in the child?—I think that that is almost speculation.

5885. Do you not see children who are still-born, and yet they are apparently healthy?—Yes, I stated that just now, or I intended so to state.

5886. And the mother has syphilis?—Yes. You may frequently examine a dead child, and find no evidence of syphilis in the condition of that child, and then you may draw an inference more from the history of the case, or putting together the histories of several premature labours occurring in one person.

5887. You stated, in answer to Mr. Quain, that you had known a nurse take syphilis from a child. Have you seen the contrary of that case, a child taking it from the nurse?—Do you mean a healthy child inoculated by a syphilitic nurse?

5888. Yes?—I have seen some cases in which I rather suspected that, but I cannot say that I have proved it.

5889. In such cases do you believe it was from excoriation of the skin, or through the milk?—I should think it was more likely to have been from some direct inoculation.

Dr. A. Farre. 5890. I understood you to say that you give iodide of potassium but rarely, and not as a rule?—Not as a rule. I have given it very frequently in those cases in which the disease had evidently become very chronic. My description of my mode of treatment by mercury applied more to recent cases. Where the disease has been neglected, and a child has had syphilis hanging upon it, for many weeks or months, I do not trust so much to the grey powder, but I would rather use the iodide of potassium; grey powder is of very great value in children if employed in the early treatment of the disease, but I have not so much faith in it in the later stages, when I employ the other remedies.

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5891. *Mr. Spencer Smith.* Have you anything further to add upon the subject of syphilis in children of a more advanced age—for instance, with regard to the teeth?—I may say first, that there is another point of resemblance between syphilis and rhachitis, in regard to the manner in which syphilis affects the teeth. Syphilitic children are generally rather backward in cutting them, and so are rhachitic children. With regard to the influence of syphilis upon the teeth, it causes them very early to decay according to my observation. The milk teeth frequently drop out and are never very well developed. They are often rather small, and frequently dark, and easily decay. Nothing is more common than to see a syphilitic child with a mouthful of rotten teeth.

5892. Have you observed any change as to the permanent teeth?—It has not been so common under my observation to see that, and perhaps I may mention that when I spoke of that class of diseases in hospital practice among women and children, the children were all limited to ten years of age, I never saw, as a rule, any child over ten years of age, and out of a large number of children my observations were most numerous upon those under seven as practically they were not brought after about six or seven years of age; so that, with regard to the second teeth, my opportunities of observing them were much smaller.

5893. *Mr. Cock.* Does the mercury which you administer often injuriously affect a child—do you see salivation, as we sometimes do before we are aware of it, when the patient becomes salivated more severely than we intended he should be?—I do not think that I ever saw a child salivated with the grey powder. I have seen a few cases of salivation—perhaps a dozen altogether—in my experience, from the effects of calomel given to children for various complaints—but I do not think I ever saw a child salivated by grey powder, I do not think you could salivate a child with it.

5894. With regard to the fœtus, it is generally supposed that a syphilitic fœtus is the consequence of syphilis on the part of the father?—That is my belief.

5895. And that the mother becomes infected from the child?—Yes.

5896. Take the converse of that—the case of a healthy father and a syphilitic mother—does the mother convey the disease to the child?—I think so; but those cases are much more rare.

5897. Still it may be so?—I think so, certainly.

5898. A woman having syphilis, when she becomes pregnant by a healthy man, you believe would convey that syphilis to the child?—Yes, I believe she would.

The witness withdrew.

Friday, August 18, 1865.

Present:

Mr. Skey, F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Dr. Wilks.
Mr. Spencer Smith (*Secretary*).

Robert Barnes, Esq., M.D. (President of the Obstetrical Society of London, Obstetric Physician and Lecturer on Midwifery at St. Thomas's Hospital, and Examiner in Midwifery, Royal College of Physicians), examined.

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5899. *Chairman.* You have had great opportunities of observing the condition of newly born children?—Yes; I have no numerical or statistical information to give the Committee, but I have had a large experience in that way.

5900. Have you seen many thousands of cases?—I may say that I have seen a very large number.

5901. Are you familiar with the appearances which are presented by newly-born children who are affected with syphilis?—Yes.

5902. In ordinary parlance is it a common appearance?—It is very frequent. I see it frequently, and I always have some cases under my care.

5903. You believe that this condition does pervade society in its various stages?—Yes.

5904. And that it is not limited to the lower classes?—Certainly not.

5905. Will you be good enough to describe, as briefly as you please the appearances which a child presents at birth, and which induce you to say that the child is syphilitic?—The children are generally very much emaciated; there is very little fat upon them; they have a sort of monkey face in appearance, and they commonly have a rash, either at the time, or which breaks out a few days afterwards, extending over the nates, the thighs, and the genital organs, of a lightish coppery colour; very often the skin easily peels off the feet, and exfoliates in that way; the eyes I have not specially noticed. Mr. Hutchinson has drawn attention to that circumstance.

5906. Have you any difficulty in distinguishing this character of disease from disease of the strumous variety?—Not at all; the characters are quite distinct; but if the children survive it is apt to go into struma.

5907. At what date after birth do those symptoms generally exhibit themselves?—Within two or three days; very quickly; perhaps sometimes a little later.

5908. Do you think that they are amenable to treatment usually or occasionally?—The great majority of them, I think, show great signs

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of amendment under Brodie's plan, according to which I always treat them, that is, with mercurial ointment, spread over a flannel roller, which rubs the ointment in by the mere friction of wearing it. I find that that frequently has the effect of completely curing them.

5909. In comparing the effect of that mode of treatment with that which is obtained by the administration of mercurials internally, is there not in the treatment you have described a degree of uncertainty as to the quantity of mercury which gets into the system as compared with the administration of mercury internally?—Probably there is; you cannot estimate it, but it seems to act, I think, better; given internally it is apt to cause irritation of the bowels, and perhaps you cannot watch it, whereas the other plan seems to act spontaneously.

5910. What quantity of mercurial ointment do you apply?—I write a prescription for half of the mild mercurial ointment and half of unguentum cetacei, which are mixed together, then I recommend them to take a piece of the size of a small walnut and spread it over a flannel roller, and that is rolled round the belly and repeated every day; it is a very small quantity of mercury after all that is used; it is diluted, and much must be wasted in the flannel; it seems to cause no irritation to the skin nor in the bowels.

5911. What time elapses before you begin to perceive anything like an improvement in the symptoms?—Within a week, certainly.

5912. How long do you usually persist in this course of treatment?—Two or three months, until the rash is gone, and until the child shows evidence of more perfect nutrition, and begins to get fat. When that is the case I think it is a sign that the impairment of the system which prevents nutrition is being checked, and that the poison is giving way. I may add that I commonly give the mother some preparation of iodine if she is suckling. I am quite sure that mercurial ointment applied locally to a child is sufficient to cure it in a great many cases. I have seen it cure children which have not been suckling.

5913. Do you attach great value to mercury in the treatment of syphilitic disease in infants?—I think its value is absolute and unquestionable.

5914. Have you no other medicine that could be substituted for it?—I believe that nothing answers the same purpose. I have given cod liver oil and iodine to the mother; but I have found nothing to equal mercury for efficacy. I suppose that Brodie's mode of treatment is known by his name; I studied under him years ago, and I learned it at St. George's Hospital.

5915. Your opportunities for acquiring knowledge upon this subject, and other matters connected with obstetric medicine, we know have been very great. You say that you have no difficulty, as a rule, in distinguishing syphilitic disease from strumous disease, but you have acquired that knowledge through the large opportunities you have possessed; and do you not think it probable that throughout the provinces, where members of our profession have not enjoyed the same opportunities, errors may frequently occur as to the nature of disease?—I think that that is quite possible, and perhaps I have rather overrated my own skill in diagnosis; but what I stated applied chiefly to infantile syphilis. I say that there is no difficulty in distinguishing that. By-and-by you may have strumous diseases, which may have had a syphilitic origin, and you cannot any longer trace it—as to the syphilitic nature of it.

5916. Have you known the disease conveyed by a child to its nurse?—I can only say that I have had a suspicion two or three times

of it; these questions are full of intricacy and full of complications and fallacies, and I should not like to speak to them dogmatically.

5917. Do you believe that a man affected with constitutional syphilis can convey that disease to a woman independently of the fœtus?—That is another question which I should like to leave to the syphilographers—through the fœtus, I have no doubt of it.

5918. You have had no experience as to the communicability of the disease to the mother, except through the fœtus?—No; the primary disease of course excepted.

5919. Have you had any experience of the communicability of the secondary disease from person to person?—I have had no distinct evidence of any value. I should like to mention one or two matters which I have learned from experience. I have no statistical information to give, but the effect of syphilis upon the condition of the womb is remarkable, it produces a variety of diseases of the uterus, especially in the lining membrane, or mucous membrane of the uterus, which are the source of infinite and prolonged trouble in a woman; it causes a large class of diseases.

5920. You allude, I presume, to cases in which the female is affected with secondary disease?—Yes, it may have arisen from the child, and it may also have given rise, most frequently, to abortions; it is one of the most common causes of abortion. Sometimes children are born alive with marks of the disease upon them; but it more frequently happens that they perish in utero from the disease; they die prematurely in utero with the disease; it is the cause of premature still-births, and of still earlier abortions. I have also recognised a distinct syphilitic disease in the placenta, and it is one of the means of the destruction of the child, and that same disease is recognised by a far greater authority than I am, by Virchow, a German.

5921. *Mr. Cock.* Do you find that if no means are taken, as is very often the case, when the disease is not recognised in newly-born children, the disease gets worse?—Almost invariably.

5922. There does not seem to be in children that tendency to restoration, or that the disease will wear itself out, as in full grown people?—I think not.

5923. In the use of mercurials for children, do you ever find that they become salivated, or that they generally bear mercury better than people of full age?—I do not think that I have ever seen an infant salivated by the treatment I have described.

5924. In an adult salivation very often comes on very rapidly, long before any effect has been produced on the disease. Am I right in supposing that infants bear mercury better than persons at almost any other period of life?—Yes, that is quite my experience. I have not seen any bad effects result from mercury given moderately in the way I have described.

5925. You say that you use inunction, do you think that that is preferable to chalk and mercury as not producing diarrhœa, or not being liable to cause anything of that kind?—That is my reason for preferring it. I have tried both, and I prefer the inunction as being not liable to produce any constitutional disorder.

5926. Do you find that when the symptoms have all disappeared they are likely to recur in infants?—I think that if the treatment has been pursued long enough, they are not very likely to recur; but I cannot say positively, because many children come under treatment and get well, and you do not see them again. I cannot speak from anything like continuous observation, but I think they are thoroughly cured.

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5927. There is not among children, so far as you have observed, that constant recurrence which we commonly find amongst persons of greater age?—No; I think they are pretty safe after treatment.

5928. *Dr. Donnet.* In cases in which the children get well, what is the average time occupied in their cure?—I cannot state positively, but I think it is from two to three months; they require treatment sometimes longer.

5929. You have stated that you use inunction, do you ever use mercury internally?—I have done so.

5930. In what form?—In the form of the grey powder.

5931. In what doses have you given it?—In doses of two and three grains twice a-day. I have tried it once a-day, but as I have found it liable to cause irritation I have abandoned it.

5932. Have you ever made *post-mortem* examinations of children who have died from infantile syphilis?—Yes.

5933. What were the appearances which you observed?—I found that peculiar condition of the liver which has been described. I have seen two or three children born dead with that disease of the liver; but I have not had much experience in that way lately.

5934. Have you noticed anything particular in any of the other organs?—No, I have not.

5935. *Mr. Quain.* Is syphilis the cause of much mortality among children?—I believe it to be the cause of very great mortality.

5936. In your practice, when the disease is treated early, are the results of the treatment favourable or otherwise?—Favourable, as a rule, certainly.

5937. Have you ever treated children, or seen children treated, to any extent by giving medicine to the nurse only?—I have.

5938. Has that been beneficial, on the whole, without giving any medicine to the child?—It has been serviceable on the whole, but not trustworthy; you cannot get a full result from that.

5939. Have you, as a system, seen any number of children treated without mercury?—No, I have not. A certain number have been treated by giving iodine to the mother. I have seen that, largely, without giving any medicine to the child.

5940. What was the result in such cases?—Very lingering, and very uncertain; it was sometimes beneficial, but not, as I have said, trustworthy.

5941. Have you had much opportunity of observing children in after life—after you have treated them, and after they have been cured; and do you know whether they were in average health?—I cannot speak definitely to that point.

5942. Have you enquired into the condition of the parents of the children whom you found suffering from syphilitic disease?—Whenever I could I have done so.

5943. Was it commonly the father or the mother to whom you traced the disease?—Perhaps, most frequently to the father; the signs of constitutional syphilis in the mother not being always so obvious, or so easily arrived at.

5944. Have you met with children suffering from the disease in question without any obvious disease or any history of syphilis at the time in either parent?—I certainly have seen cases in which I was unable to identify the disease in either of the parents; at all events in which I failed to see it.

5945. Or without any history of it, in either father or mother?—Yes; I have seen cases of that kind.

5946. Have you known children to take syphilis from the nurse?—I have no very positive case that I can refer to upon that point; but I have heard of many.

5947. Have you practised vaccination yourself?—Yes.

5948. Pretty extensively?—Yes.

5949. Have you ever known syphilis communicated by the vaccine matter?—Not in my own experience.

5950. Have you seen any cases in which you believed it had been communicated by the vaccine matter?—No, I have not. I have seen syphilitic eruption break out about that time; but, upon making enquiries, I have found that there were other reasons for it, and that it was really hereditary. I am quite clear as to that. The parents have said, "This child has been syphilised by the vaccination;" but upon looking more closely into it I have ascertained that it came from themselves.

5951. *Dr. Wilks.* You have spoken of the cause of the death of the fœtus, even when the fœtus is not affected, the cause being in the mother, would you like to describe a little more in detail some of the diseases of women in the uterus?—There is a chronic, inflammatory, and morbid condition of the mucous membrane of the uterus, which goes to form the decidua of the placenta, and that gets into such a diseased condition that it is unequal to the nutrition of the fœtus, and in a certain time, that is about three or four or five months, the fœtus perishes from that cause; that happens repeatedly.

5952. Is that fœtus sometimes apparently healthy?—Yes; and especially if the child is born within from seven to eight months. It would show no sign that you could recognise as syphilis. I have known the women afterwards, and I have known that they had the disease. I have recognised it as syphilitic.

5953. An abortion has occurred, and yet there has been no disease in the fœtus, the cause being syphilis in the mother?—Yes. In the maternal element of the placenta. The child dies because the maternal element of the placenta, the decidua, is diseased. You can scarcely say that that is a disease of the fœtus; it is not.

5954. I suppose the mothers, under these circumstances, have generally presented other symptoms of disease?—Yes; they have very often. They have sore throat, or some skin eruptions.

5955. Have you known anything of the history of these women afterwards, and whether they have produced syphilitic infants?—Yes, I have known cases of that kind. I have had several cases under my observation. I have observed a long series of abortions, and have watched the women, and by-and-by, after undergoing treatment, they have produced healthy children—one or two. I have seen that. I may state that I entertain the notion that the children of syphilitic parents more frequently have hydrocephalus than children born of healthy parents. It becomes developed in two or three months.

5956. If a woman in that condition were put under treatment, would she, in your opinion, get rid of the disease, and produce healthy children?—A certain number of them do after a certain time. It requires long treatment, not only present treatment, but prospective treatment. I have known many women who have given birth to healthy children after a course of treatment, partly during pregnancy and partly in the interval before conception has taken place again. The iodide of potassium is of value sometimes.

5957. *Dr. Babington.* Can you always, in a child, distinguish syphilitic eruptions from common eruptions of an analogous kind?—I think so. There is the colour, and the locality has something to do with it. I think that the seat of the eruptions is chiefly about the nates and the

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lower part of the body. Then the children show a great want of nutrition, and there is a peculiar aspect about them in the face.

5958. Is there any difference in the colour of the eruption?—There is a difference in the shade. One gets familiar with it rather by sight than by anything one can describe very accurately.

5959. Have you ever known secondary syphilis to occur in older children?—Yes; in children of from one to two years old it is not very uncommon.

5960. Have you ever observed it in children as old as eight or nine, or up to fourteen and fifteen?—Yes.

5961. Have you any facts to show pro or con. that hereditary syphilis can pass into the third generation, or that it goes from generation to generation?—That is beyond my observation. I believe that these children, if they grow up and procreate, will have weakly children, and that they will be liable to have scrofulous children, but I have no distinct case to which I could refer in which I could see tertiary syphilis in hereditarily-syphilitic children, or any remote form of syphilis.

5962. Mr. Hutchinson has mentioned the case of a girl of the age of 19 who had secondary hereditary syphilis. If that girl had a child, might it have syphilis independently of any acquired syphilis?—That is beyond my experience. I cannot say. She would be likely to have scrofula.

The witness withdrew.

Friday, 22nd September, 1865.

Present:

MR. QUAIN, F.R.S., *in the Chair.*
MR. COCK.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Thomas Byrne, Esq. (B.A. and B.M., Trinity College, Dublin, F.R.C.S. in Ireland, and Surgeon to the Westmoreland Lock Hospital, Dublin), examined.

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5963. *Chairman.* How long have you been connected with the Lock Hospital in Dublin?—For nearly 32 years.

5964. How many beds are there in that hospital?—The number of the beds at present is about 150; but only 80 are occupied, from want of funds.

5965. Are there out-patients as well as in-patients?—No, there are no out-patients.

5966. Of what does the staff consist?—It consists of two surgeons and a surgeon-apothecary, who is resident.

5967. How often do admissions take place into that hospital?—For urgent cases they take place every day, but in the regular course patients are admitted four times a week.

5968. Under what conditions are the patients admitted; do they require recommendations?—No, they are admitted without recommendations; they carry with them their own recommendation in their disease.

5969. Are there beds for both sexes?—No, there are beds only for females, and they are classified; but I think our hospital should have two male wards at least, for the sake of pupils and clinical instruction.

5970. Are there any other cases admitted than those which have some venereal disease?—None.

5971. Do the patients generally remain in the hospital until they are cured?—They do not. I was greatly surprised that the Contagious Diseases Prevention Act was not made to extend to Dublin, for we have no means of keeping the patients in the hospital as long as we should wish.

5972. What is the average time that they stay in the hospital for the treatment of the primary, and of the secondary or constitutional disease?—The average time is about six weeks. I am speaking now of chancre, not gonorrhœa. For gonorrhœa they would stay, perhaps, five or six days, the majority of them; others would stop a couple of months. Where the disease is simple and specific urethritis they get well rapidly. Young women are also cured rapidly, because there is not the same extent of surface as there is in old prostitutes, or those who have borne children. The average time of treatment for constitutional disease is ten weeks.

5973. Are the ordinary patients kept in bed while being treated for the primary disease?—They are, and they are not—for example, where a patient is labouring under a sloughing sore, she would be kept in bed certainly; or where a patient is suffering under an inflammatory bubo, she would be kept in bed; also where a patient is labouring under intense ardor-urinæ, she would be kept in bed.

5974. What diet and beverage are given to the patients?—The diet is stir-about or porridge in the morning, and in the evening milk and bread; they have also very good broth, and bread and meat, and then there is extra diet: in the morning they have bread and milk, and for dinner they have soup and bread, and the bouilli or boiled meat that remains is divided amongst them from time to time through the wards. At supper they have porridge, or stir-about, and milk. This is the ordinary diet, but if he wishes it, the surgeon of either ward can order anything he likes, or thinks necessary in the way of extra diet.

5975. What venereal diseases do you recognise?—The primary, secondary, and tertiary, besides gonorrhœa.

5976. What forms of primary sore do you recognise?—I think we may, with safety, say that there is a non-infecting or soft sore, and a hard or infecting sore—in other words a soft chancre and a hard chancre, one of which is almost invariably followed by constitutional symptoms, that is, the hard sore. The soft sore is never so followed, unless there be some modifications of it. I think that a soft sore is not an infecting sore, but occasionally you find a soft sore, which is slightly indurated, and you will find a soft sore in which you will feel, if you take it up between your fingers and squeeze it, something like a bit of cartilage, and this is what the French say is like parchment. I think I have seen constitutional symptoms follow from that, it is an intermediate form of disease between the two, the infecting and non-infecting.

5977. I understand you to say that you have no doubt that the sore with an indurated base is an infecting sore?—I have not the least doubt about it.

5978. You also believe that the soft sore is not infecting?—Yes.

5979. But that there is an intermediate sore having a degree of hardness recognisable by pressure between the fingers, which is as infecting as the hard sore?—Yes; or nearly so; that is to say, it may infect the system, and it does infect the system.

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5980. What meaning do you attach to the word "infecting?"—I understand the word "infecting" to mean where the constitution will become poisoned by a primary sore, or, in other words, where constitutional symptoms will follow.

5981. Do the eruptions which follow primary sores require differences of treatment?—They do.

5982. What is the difference which you would make in the treatment of the different forms of eruptions?—There are two or three forms of secondary or constitutional symptoms which I call secondaries. There is, first, the mildest of all forms, which occurs in healthy young men and young women; the exanthem, or roseola, and if not extensive, it generally occurs on the loins, and on the inside of the thighs; and, again, if not extensive, it generally heals under the several forms of mild treatment, such as cleansing the skin, simple baths, and purgatives, tartar emetic, if there be much irritation about it, which there seldom is. I have frequently cured, I will not say apparently, but I have frequently cured these cases effectually by chlorate of potash, giving half-drachm doses three times a day. I have very little doubt but that these cases, by the use of tartar emetic, and by baths, would be cured. I may be asked whether I feel sure that the cases which I have just referred to have been cured, and I may state that I have had patients lately in the hospital, since the chlorate of potash came into use. I remember two or three cases in the hospital of women who were apparently cured by the chlorate of potash. They came in, and they were coming in, and I marked them, and there was not the slightest appearance afterwards of secondary symptoms or constitutional symptoms. They appeared to be cured. On the other hand, when the disease has been extensive, which has occurred lately in a patient in the Lock Hospital, the use of the chlorate of potash was either followed by, or it excited iritis. There were two cases, in one of which it was followed by single iritis, and in the other by double iritis. We treated both in the usual way, by calomel and opium; and in both the cases to which I have just referred, the eyes were saved, and they never had a relapse.

5983. What form of primary ulcer did those cases of roseola follow?—I am confining myself at present to hospital practice, and we very seldom see them in their primary forms. It is singular that the hard chancre heals up very rapidly; and in many cases of young women it apparently cicatrises. If we examine them we find that there is a hard cicatrix upon the labium, but so careless and indifferent are they about it that they would persuade you that they never had the primary disease, and you would be deceived until you came to examine them carefully.

5984. In these cases of roseola, whether in a slight or aggravated form, were the primary sores in each case hardened or not?—Whenever we had an opportunity of examining them carefully, we found a hard cicatrix. I may mention that I have cured lately several cases of roseola by the mercurial vapour bath, and I used nothing else. It was merely tentative, and those cases have gone out of hospital. Then with regard to the scaly eruptions, when extensive, I look upon them, and the papular, as pretty much the same, because the papular, after a while, takes on a scaly head, and I think I have never been able by any treatment, except by mercury, to cure the true scaly disease.

5985. What form of mercury have you used for the cure of the scaly eruption?—The compound calomel pill is my favourite, but I do not bind myself to any form of mercury. I sometimes give the bichloride, but I have a fancy for the compound calomel pill, because it affects the skin.

5986. Do you recognise any other forms of eruption requiring a

different mode of treatment from that which you have already described?—No; but I may remark that the scaly disease is most difficult to cure when it is extensive. I will now describe how I treat these cases, using the treatment by compound calomel pill. I give five grains every night, and I watch the effect which it has on the mouth for two or three nights, and then I give it twice a day. If the gums are not yet spongy, I give five grains three times a day; but if the mercury disagrees with the patient I immediately stop it.

5987. In what way do you mean that the mercury would disagree with them?—By purging them and griping them. If the gums have become slightly spongy, I withhold the use of it, or omit it for a time, and then I have recourse to mercurial vapour baths in order to get rid of the stains, and to help the absorption of the scales, or rather to throw them off. This form of disease is very apt to relapse. If a patient has taken mercury to any extent, I am unwilling to put them under another course, and I have recourse then, with great advantage, to half drachm doses of chlorate of potash; if there be severe nocturnal pains, I order Dover's powder, and at bed hours the simple vapour bath. I find in general that these means will cure any remains of the disease; but if not, I have recourse again to the mercurial vapour bath.

5988. There are, as I understand you, other forms of the constitutional disease besides the rose rash and the scaly eruption, to the treatment of which you have already referred, for the cure of which you think mercury to be necessary?—Yes, I think so.

5989. Are there any other forms of eruption which you wish to speak of?—No.

5990. What forms of disease do you include under "tertiary symptoms?"—Large pustules; they are generally called bullæ, but they are not, they are bad pustular forms of rupial sores.

5991. Do you include affections of the bones in the tertiary symptoms?—Yes; exfoliations of the bones, periostitis and sloughing of the soft palate, and pharynx.

5992. From what form of primary or constitutional disease do you find those tertiary symptoms usually follow?—I would say here that I believe Mr. Carmichael was in error when he said that these constitutional symptoms which we call "tertiary" arose from sloughing and phagedenic sores, for we find, in the practice of the Lock Hospital, that where a sloughing phagedenic sore has occurred as a primary sore, secondaries scarcely ever follow; as a rule, I may say that they do not; and when tertiary sores do occur, they are generally the sequelæ after a relapse of secondaries in broken down constitutions, as in women who have been for years on the streets.

5993. Do they follow commonly after the scaly eruptions, or any particular form of eruption?—They generally follow after the scaly or papular eruptions.

5994. Have you seen persons with such symptoms who have never been treated with mercury?—I have.

5995. Have you seen them also in cases for which mercury had been judiciously used?—I have.

5996. Have you seen the secondary forms of disease treated to any extent, and, as a rule, without mercury?—I have already alluded to that when speaking of the mild exanthem.

5997. But I mean in the other forms, say the scaly eruptions?—I have seen them frequently treated by Carmichael's plan, and he recommended, where there were high inflammatory symptoms going on, tartar emetic, that is, for the papular forms.

5998. You have not then seen those forms of constitutional disease

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which, in your judgment, require mercury for their cure, treated to any extent and systematically without it?—No.

5999. What is your treatment of the tertiary forms of the disease?—That which has been for years past the most successful with us; and I will begin with the worst form, which occurred when I was first appointed to the hospital. We had 14 cases of tertiary symptoms—that is, sloughing sores of the throat—soft palate, and pharynx: the usual treatment in those days was mercurial fumigation.

6000. By cinnabar?—Yes, and decoction of bark and mineral acids. Of those cases we lost 11 out of the 14. In the first instance the mercurial fumigation appeared to give immediate and wonderful relief; but then they relapsed, the cases were the worst that possibly could be, and they almost all did relapse, or the majority of them. That was the treatment pursued 25 years ago. I will now speak of the present mode of treatment; but first I should say that the sloughing sores of the soft palate and pharynx are very rare at the present day, which, I believe, is owing to the care with which mercury is given,—in very small doses, and never powerfully affecting the system, as it did in former times. When a bad sore throat shews itself, we at once attack it locally, and prevent it from spreading by strong acid-nitrate of mercury, or the proto-nitrate; but we seldom see this. When, however, it does occur, we follow this treatment up, and give at the same time iodide of potassium, with bicarbonate of potash—five grains of each three times a day—and we continue that, increasing the dose every second or third day by five grains, until we give from 10 to 15 grains of each three times a day. The bicarbonate of potash appears to prevent the catarrh of the mucous membranes, which the other induces. This is also the treatment—the iodide of potassium and the bicarbonate of potash—for all the tertiary ulcers of the body, poulticing locally, and when the crust comes off, using dilute nitric acid lotion, giving full diet, and opium in large quantities, a grain three or four times a day.

6001. Do you regard secondary symptoms as contagious, or capable of communicating the disease to another person?—I think there is a form of the secondary disease which is certainly contagious. There are what are called condylomata or mucous tubercles, and other forms which I have seen. I have seen a nursling inflict a sore on its nurse's breast, which I think was followed by secondaries.

6002. Did it produce a sore or a chancre on the nurse?—It produced a sore. There was no chancre on the child, but in the case of mucous tubercles or condylomata, the anus and lips of the child are generally occupied by the condylomata.

6003. Are you acquainted with the effects of inoculation, either from a primary sore, or from secondaries—say from the condylomata?—No; except in the case of the nursling, which I have just mentioned.

6004. Have you had any experience of inoculation performed by a surgeon?—No.

6005 Did Wallace at any time use inoculation for any purpose?—I do not know.

6006. After the patients, whom you have treated for secondary symptoms, have undergone that treatment, have you often observed relapses?—Frequently.

6007. When there is a return of the symptoms of the constitutional disease, *e.g.*, an eruption on the skin, with falling off of the hair, do you again recur to the use of mercury?—If the patient be strong—and some of the patients are—I have recourse to it. I set great value upon the mercurial vapour-baths, when properly used; and indeed I have taught my nurses how to do it, that is, as a local treatment, and, I may say, general treatment.

6008. You do return to the use of mercury?—Yes, in a modified way. *Mr. Byrne.*

6009. How soon do you think that a patient of yours, who has had constitutional syphilis, and is apparently free from it, may be considered so safe from a recurrence of the disease that they might marry?—We have had three or four cases within the last four or five years which were apparently cured of the secondary disease, and the patients have come to the hospital frequently since, but there was no return of the secondaries, or any other form of constitutional disease. I considered that those girls were cured, and that they might marry with safety to themselves, their husbands, and their children. Some of them, indeed, who have got married have had healthy children. I think that if a man has been free from the disease for three years he may marry with safety. 22 Sept. 1865.

6010. But not after the lapse of any shorter period?—I should not like to say so.

6011. Have you known any persons who have had constitutional syphilis to be again affected with the same disease from fresh contagion?—That is a question very difficult to answer, for one could hardly say whether it was a fresh attack of disease, or a recurrence of it. Public practice is probably the best way of finding it out, and I have had women under my observation within the last few years who have had secondaries, and who, after they were cured of them, have frequently come in labouring under different primary forms, as gonorrhœa and soft chancre, but with no appearance whatever of new secondaries.

6012. Have you to any extent compared sores in the one sex with sores in the other sex?—Yes, I have frequently.

6013. In your opinion do they produce their like?—I think they do, but a soft sore probably occurs in nine cases to one of the hard.

6014. Have you read the Contagious Diseases Prevention Act?—I have not.

6015. Do you know its general scope and object?—Yes.

6016. Do you approve of it?—I do fully approve of it.

6017. Can you make any suggestions for the improvement of it?—I think in the first place it should be extended to all towns where there are Lock Hospitals. If I understand the Act, it gives to a surgeon in a hospital the power of keeping patients in until they are fully cured.

6018. Your idea of a good Act is that it should give the authorities power to remove prostitutes affected with venereal diseases to the hospital, and to keep them there until they are cured?—Yes.

6019. You would have that rule established in every place where there is a Lock Hospital?—Yes.

6020. Would you recommend that Lock Hospitals should be established where they are not now, or that wards should be added to existing hospitals for the reception of diseased women?—I would certainly have them established wherever it was necessary, as in all large cities, either attached to the county infirmaries or to the parochial infirmaries. I would also say this, that in a large garrison town like Dublin, the surgeons attached to the Lock Hospital should be appointed by the Government, because it receives a Parliamentary grant. The hospital should also be fully handed, for two men with 120 or 150 patients can never properly discharge their duties; they should have a sufficient staff, and if the Act should be extended, I would suggest that it should be extended to hospitals receiving parliamentary grants like that in Dublin. The duties to be performed would take up so much of the time of the staff that I think they should be fixtures, and that after a certain length of service they should be permitted to retire on a superannuation allowance as is provided by 19 and 20 Vict., cap. 110, sec. 9, to the

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officers of the Dublin Lock Hospital. But there is another important thing with regard to the prevention of the disease, which is, that all pupils intending to enter the public service should be obliged to attend the Lock Hospital. I mean candidates for the army or the navy or the public service.

6021. You mean every physician and surgeon?—Yes; that every physician and surgeon should be compelled to attend, and that it should be a necessary part of their medical education. I think also that a portion of the French system might be well introduced. I mean the inspection of women, and giving the police the necessary authority.

6022. Have you any suggestion to offer with regard to the men employed in the army and the navy with reference to the subject of this enquiry?—I think that reading-rooms and gymnasiums are very good suggestions, and, if you could do it, enable them to learn to read.

6023. Do you also approve of the examination of unmarried men in the public service by the surgeon?—Yes, and that they should be encouraged to show themselves.

6024. *Mr. Cock.* Have you ever treated primary sores with escharotics, with the view of destroying the entire sore?—Never; but upon that point let me just explain myself. If I see a sore in its early stage, or in the first two or three days, and I find that there is a patchy excoriation, or small ulcer, I touch it with nitrate of silver, but you never can know for five or six days what the sore will be. Then there is another form of sore, which, of course, I treat at once with escharotics, but not with the intention of preventing secondaries, it is for the purpose of preventing mutilation in the individual. There is a sloughing sore that appears on the glans, particularly about the frenum, and that must be destroyed at once, or it will be sure to mutilate the patient. I destroy that at once by nitric acid, but never with the intention of preventing secondaries.

6025. You do not consider that the destruction of a sore at any stage would prevent secondaries?—I do not think that it would when a sore is fully formed.

6026. Do you find that in many men a certain abnormal condition of their parts, such as a very long prepuce, a phimosis, or a semi-phimosis, or, perhaps, a frenum remarkably short, very much facilitates the contraction of disease?—I think there is not the least doubt of it, particularly where there is a short frenum.

6027. Have you been in the habit of advising men to have that condition of the part remedied?—It is generally remedied by having impure connection—it is torn across. I have generally found it so, and I see it so often now that I tell the men to let it alone, I watch it carefully, but where they have a natural phimosis, I think there is no doubt, unless they are very cleanly, that they are more subject to chancre.

6028. Do you consider it very important that a man should wash carefully under his prepuce every day?—Yes, I consider that a most important thing, and I believe that if a man was careful of himself, he would very seldom catch a chancre or gonorrhœa.

6029. *Dr. Wilks.* Do you know anything about the proportion of cases in which tertiary symptoms occur?—I cannot exactly say the number. We have them very seldom now. They are not nearly so numerous as they were. I have already alluded to that, and from the proper use, and not abuse, of mercury now, we see tertiary symptoms in not more than one case to ten that we did when I was a young surgeon —30 years ago.

6030. Did you include the ecthymatous and rupial sores amongst the tertiary or secondary symptoms?—I included those large pustular sores under the tertiary symptoms.

6031. In cases of relapse, do you ever see the so-called secondary symptoms occur after the patient has gone through the tertiary symptoms?—I never did.

6032. Or, to put it in another form, after having had the moist eruptions, ecthyma and rupia, might a patient again have the scaly eruption?—I never saw it.

6033. Do you think it at all likely that prostitutes may be going about with sores upon them, but so little affecting their health, that they may communicate disease to men?—I have seen it occur over and over again. It is only when they get gonorrhœa that they come into hospital. They also have ardor-urinæ from dirt, and I have seen sores which I call the ball and socket sores, and these women have these sores upon them for months, infecting their paramours every night; but they suffer no inconvenience, and they make no complaint.

6034. You have no difficulty in comprehending how it is that men should contract the disease from these women, who are said to be in good health?—No.

6035. Every one, of course, recognises syphilis in children; but of late it has been remarked that the symptoms have been reproduced at a later period of life, even at an adult age. Have you had any experience of that?—Not the slightest. On a late occasion I showed to a gentleman, who is an advocate for a different mode of treating infantile venereal disease, three babies of about two months or ten weeks old. They were apparently in rude health, and finer children could not be seen. I told him that these children six weeks before were labouring under venereal disease, and they were then apparently cured. He said that it was only apparently so, and that in a few years they would be attacked with bad forms of disease. I entered my protest against that assertion, because I have seen some of these babies, when grown up, come to our hospital years afterwards with their mothers, being then strong, healthy children.

6036. You think that the disease wears itself out?—Yes; from the treatment that is used. I treat them with what is called "Brodie's stocking," feeding them well at the same time, and you see the disease retiring under your very eye.

6037. *Mr. Spencer Smith.* Do you believe there is any definite period of incubation for the two different forms of sores?—I do not admit one sore to be infectious at all.

6038. The question refers to the period of incubation. Is there any definite period of incubation?—I cannot well answer that question, because you never can say from the first appearance of a sore. A patient will show you a sore two or three days after an impure connection, and then you cannot say whether that sore will be a hard or a soft sore. Up to that time they appear to have exactly the same period of incubation, but in three or four days afterwards they will take on a different character. I do not admit that there is a definite period of incubation.

6039. Do you believe that there are two poisons, or only one?—I think that there are two poisons, but I am in great doubts about it. I think, from what I have seen amongst women, that it in a great measure depends upon the constitution of the individual.

6040. Do you employ mercury in the treatment of both sores?—I never use it for the soft sore.

6041. What advantage do you think attends the use of mercury as compared with other remedies in the treatment of the hard sore?—It is only from experience that we learn that. We find that mercury will cure sometimes, and that it will make the hard sore resolve itself. The hardness of the sore will be absorbed as soon as the system is under the influence of the mercury.

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6042. You think that it acts upon the after consequences. Does it prolong them, or does it prevent them?—It prevents them sometimes, but if it does not prevent them, it unfortunately rather prolongs them.

6043. You do not consider mercury a specific for the venereal disease?—I certainly do not.

6044. Do you give mercury in every case of indurated chancre?—I do.

6045. What is the order of succession in the secondary symptoms?—In healthy constitutions they are invariably the roseolar or the exanthematous, but in broken-down constitutions they run very rapidly into the scaly disease, and again into the tertiary.

6046. But with regard to the glandular system, how is that affected?—In the primary form you have it at once with the hard chancre. I never saw the glands of the groin free. There are what I may describe as resembling the marbles played with by boys. You will find seven or eight or ten of them rolling under the skin above Poupart's ligament.

6047. As to the post-cervical glands, do you find them affected?—In the true secondaries, particularly if there is ulceration of the tonsils, you invariably find them enlarged, and I look upon that as the true characteristic of secondaries.

6048. And that without any irritation on the scalp?—Yes, they are very low down.

6049. Do you believe that one attack of constitutional syphilis gives immunity from a second attack?—I do.

6050. Do you believe in the communicability of the secondary syphilis?—In the one form of condylomata, the child giving it to the nurse.

6051. Have you ever seen a hard sore without ulceration or abrasion?—Yes, I have seen a couple of times a hardness in the groin, and secondaries never followed it. I gave mercury to the woman.

6052. What I mean is, induration on the genital organs without ulceration or abrasion. Have you ever seen such a case?—No.

6053. If you found induration, you would consider that there must have been an ulcer?—Yes.

6054. Do you consider the tertiary symptoms as a stage of syphilis, or the consequence of a deterioration of the constitution?—As the consequence of a broken-down constitution.

6055. And not necessarily a consequence of the disease?—No, not necessarily.

6056. Can you state to the Committee what the cost of a patient per week is in your hospital?—Not at this moment, but I will supply that.

6057. How are the funds for the support of the hospital supplied?—By Parliament, and these funds are at present inadequate.

6058. Do you believe that under any favourable circumstances syphilis could be spontaneously produced?—I can give no opinion upon that. It must of course have arisen in that way at some time or other, from promiscuous intercourse.

6059. Do you believe there is more syphilis now than there was formerly?—I think not. I think there is not so much, and I think that we treat it better. When I was a pupil, it was common to see, when you went into the streets of Dublin, persons with depression of the nose—the nasal bones were probably gone—but no such thing is to be seen now; you will not see such a case for years.

6060. Do you regard phagedena as syphilis, or is it something superadded?—I look upon phagedena as the successor of a soft chancre, and not as a part of constitutional syphilis. I look upon phagedena when following a hard chancre to arise in a careless dissipated person, or in persons of dirty and intemperate habits.

6061. You regard it as something beside, or superadded to, the syphilis?—Yes. *Mr. Byrne.*

6062. In one of your answers you said that you had remarked that where phagedena had occurred you did not see any secondary symptoms follow?—Scarcely ever. 22 Sept. 1865.

6063. Do you connect those two together as cause and effect?—Yes, I do. I think that the phagedena appeared to have destroyed the poison, whatever the poison was.

6064. *Chairman.* Your hospital practice has been, I suppose, exclusively amongst females?—Yes.

6065. It has been in private practice that you have seen the disease in the other sex?—Yes.

6066. Is there anything further that you would wish to add, especially with a view to the prevention of the disease in the army and navy?—No.

6067. *Mr. Cock.* Do you think that a man without any sore, or without any secondary symptoms upon him, but who has had the venereal disease, may communicate the disease to a female, that is, from his semen being tainted?—I do not think he can, but the wife will have unhealthy children and frequent abortions.

The witness withdrew.

John Tomes, Esq., F.R.S. (Dental Surgeon to Middlesex Hospital), examined.

6068. *Chairman.* You are acquainted with the object of this Committee as regards the general management of syphilitic diseases in their various forms, and the prevention and diminution of syphilis in the army and navy?—Yes. *Mr. Tomes.* 22 Sept. 1865.

6069. You have been requested to attend to give some information to the Committee as to the influence which the effects of hereditary syphilis may, under your observation, have had upon the bones of the face and the teeth. Have you observed much of the disease in young persons?—I have seen that condition of the teeth which has been attributed to syphilis in children, consequent upon the parents being affected with that disease.

6070. What has been the age of the children you have seen?—I should say that it has been mostly in the permanent teeth that I have observed it.

6071. You have seen little or nothing that could be referred to the disease in question in the temporary teeth?—But little.

6072. What effect have you seen produced on the permanent teeth?—There has been a great amount of irregularity in the form of the teeth individually, more especially in the front teeth.

6073. What peculiarity have you noticed in those teeth?—They have been notched on the edge with more or less grooving of the crown, and for the most part have been defective in the bulk of the component tissues.

6074. Was there any difference or peculiarity in the bones of the nose or face accompanying that condition of the teeth?—I cannot say that I have observed any characteristic peculiarity.

6075. Did you glean any history which induced you to think that the condition of the teeth you have referred to was, without doubt, the result of hereditary syphilis?—In some cases I did, but certainly not in all.

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6076. Have you any doubt of the existence of such a modified condition or malformation of the teeth, arising from hereditary syphilis?—I could not venture to say that teeth so formed were the result of hereditary syphilis, that is, that hereditary syphilis alone is capable of producing such a result.

6077. Do you believe that in any of your cases children have had teeth of the kind you have described in consequence of hereditary syphilis?—In consequence of that as one cause.

6078. To what other causes would you attribute the disease of the teeth?—To a strumous and bad constitution. I have frequently seen a similar condition of the teeth resulting from a strumous condition of the system, associated with enlarged and suppurating glands, in cases in which I had every reason to believe that there was no taint of syphilis in the parents.

6079. Was the condition of the teeth the same in those cases where you suspected syphilis, and in those which you knew to be strumous?—I could not, on looking at the teeth merely, distinguish between the two.

6080. *Dr. Wilks.* In reference to the distinction between strumous teeth and tubercular, would you not distinguish a set of strumous teeth by the general form of the jaw, or would you distinguish a set of strumous teeth by their general position in the jaw, apart from any peculiar configuration of the teeth themselves?—I think not, because in cases of teeth which are defective from the strumous condition of the constitution, you may see a great variety in respect to arrangement; sometimes the position of the teeth will be quite perfect, but the texture of the teeth will be so faulty that they will rapidly decay. Then you may find a great deficiency of substance, and a great deficiency of enamel and dentine, with regularity of position.

6081. I would ask whether a strumous set of teeth is not an irregular set, and whether a person who had a syphilitic taint might not have a regular set of teeth, and yet the individual teeth be affected; or would a strumous person, apart from any peculiarity in each tooth, have a fine and regular set of teeth?—They might have a particularly regular and fine set of teeth, so far as external form was concerned, and yet at the same time in quality they might be very low.

6082. You would not make a distinction between a tubercular person and a strumous person?—No, I should not, as affecting the question of teeth.

6083. Do you attribute any change in the teeth from syphilis to some inflammatory process in the mouth at a previous period?—I think it may or may not be so; it may have been from a mere starving of the growing teeth in some cases.

6084. Do you infer that a child has had stomatitis or periostitis?—He may or may not have had. I do not think that that is essential to a bad condition of the teeth.

6085. Do you not think it may be from any local process going on which affects the pulp?—In many cases I think it may be from a strictly constitutional cause that the development of the teeth is arrested, or that it is carried on slowly and defectively; but then again the process of development is taken up afresh, and the remaining portions of the partly formed teeth and the whole of the teeth subsequently developed are well formed, thus indicating a general rather than a strictly local cause.

The witness withdrew.

Friday, October 6th, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Dr. John Laurence Bidenkap (Surgeon in the Norwegian Army), examined.

6086. *Chairman.* You have treated cases of syphilis largely. Have you ever treated them with mercury?—Never. That is to say, not in my own practice.

6087. How many years have you practised syphilisation?—Five years.

6088. Had you never treated the venereal disease prior to that period?—I had had no private practice of my own before that time, but I had in other hospitals seen it, as I had been Second Physician in another hospital.

6089. How did you treat venereal cases prior to the commencement of the five years?—I did not treat any cases at all, because I had other things to do. I did not practice.

6090. What led you to treat such cases by syphilisation?—What I saw of the results of that mode of treatment as it was practised in the hospital at Christiania.

6091. Have you had much experience of that form of treatment?—I have watched it from the beginning. I saw the first case that was treated by syphilisation, and I made a drawing of it, and after that I watched it in most of the cases which were treated by syphilisation.

6092. Do you prefer it to any other form of treatment?—Yes.

6093. What evils have you seen or known to result from it?—In the first years I saw extensive ulcerations from inoculation; but during the three years that I was in the hospital at Christiania, I never saw any evil arising from it.

6094. In the first years you did see cases of large ulceration?—Yes.

6095. An extension of the ulcers from inoculation?—Yes.

6096. Do you concur with Professor Boeck with reference to the greater difficulty of applying that mode of treatment to persons who have been previously treated with mercury?—After what I have seen, I am of the same opinion as Professor Boeck, but I have never, in private practice, or almost never, treated such cases myself. My experience has only been obtained in the hospital, and from what I have seen there I am convinced that Professor Boeck's opinion is the right one.

6097. You have great confidence in the soundness of his views, and therefore you do not question them. But you have no knowledge of your own that cases which have been previously treated with mercury are less amenable to the influence of syphilisation?—I have my own

Mr. Bidenkap. experience as far as it can be obtained in the hospital, but the number of cases has not been very large.

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6099. I infer from your answer that you consider the previous employment of mercury objectionable?—Yes, to be sure.

6100. That is your own opinion?—Yes.

6101. Will you be good enough to explain that?—To do so, I must explain how I think syphilisation acts. It is only the opinion that I have formed in my own mind. I believe that syphilisation acts in this way, that it helps nature itself in curing the disease. I may state briefly that I think nature cures the small-pox, and that medicine will not cure it. It is a natural process which goes on, and if it goes on well, it terminates by the patient getting rid of the disease. The syphilitic disease is a more chronic disease, and it is generally not got rid of in this way. Sometimes, perhaps, it may be, and nature itself may cure it, but very often it is not cured by nature, and we must do something to help nature in its effort, as I may call it, to get rid of the disease. I consider that we do that by syphilisation, by making the disease in a sort of way more acute, and rendering it more like the acute exanthematous process. But I think that the employment of mercury acts against this natural process, and stops the disease in its course, and as it fails to cure the disease radically, it gives rise to, or rather, it favours attacks or relapses of the disease.

6102. Do you resort to syphilisation in all cases of constitutional syphilis?—Yes, if I can get an opportunity of employing it.

6103. You think that by more thoroughly saturating the system, if I may so express it, with syphilitic matter, you exhaust the syphilitic poison?—I think it is not exactly saturation. I would object to that term. I think there is some substance or other in the body which is capable of reproducing the syphilitic poison, and which can be exhausted by this poison being reproduced so rapidly and in such quantities, that the substance is destroyed by this means, and I think that that can be explained by analogy with the small-pox. Small-pox, too, destroys the capacity of the body for regenerating the poison of small-pox; in this way there is a certain resemblance between both diseases, and I would therefore compare a person under syphilisation with a person who had an attack of small-pox.

6104. But you will perceive that the analogy fails in this, that in the case of syphilis the body of the patient is already the subject of it, whereas in small-pox the disease will attack a healthy person?—I think I can explain this as being more an analogy with, than as being different from small-pox—for example, if a healthy person is inoculated with the virus of small-pox, he gets the disease just in the same way as a person gets syphilis; and if the process could be stopped for some months, or for a month or more, and then the attack of constitutional small-pox be brought out, after that it would be very like syphilis: but it goes on rapidly—some days, perhaps, after the inoculation, the constitutional symptoms of small-pox will set in, whilst in syphilis it will last a longer time. I think that that is the whole difference—the one is acute, and the other is chronic.

6105. Do you admit the unity of the venereal poison?—I am quite

sure of the unity in a certain way, that is to say, that both the matter of the soft chancre and the matter of the indurated chancre are derived from the true constitutional syphilis.

6106. Do you mean to say that both of those forms of sores are derived from a female having had, or having constitutional syphilis, or will you explain what you mean. You say that you believe in the unity of the poison, but that the two sores, as I understand you, are derived from constitutional syphilis?—Yes; I do not know how the first case of constitutional syphilis was originated, but I know that a person who has constitutional syphilis, under certain circumstances, can produce the virus of a soft chancre and the virus of a hard chancre—and I can explain this by experiments which I have made myself. I have inoculated from suppurating mucous tubercles on syphilitic persons, and have produced soft ulcers, and generally those same mucous tubercles, when not suppurating, will, when inoculated on a healthy person, produce a hard chancre. If a woman has a suppurating mucous tubercle, which is a practical way of viewing it, she can communicate to one man a soft chancre, and to another man a hard chancre—it is possible.

6107. Can she communicate a hard chancre in the one case, and a soft chancre in the other, to males who have not been previously the subjects of syphilitic disease?—I think she can, but I have only proved this in cases where the virus of the soft chancre has passed through the constitution of a syphilitic individual. Supposing that one of the persons had constitutional syphilis before, she could communicate to him a soft chancre, and when this was communicated to another person, it would remain as a soft chancre and nothing else. I am not quite sure whether this link between a healthy person and the original mucous tubercle is necessary. I think it is not, but I cannot prove it.

6108. What period of time do you usually consider necessary for the treatment, up to its completion, by syphilisation?—It generally occupies not less than three months. I continue the treatment as long as the inoculations can be made, or as long as there is any symptom left.

6109. I infer, from what you say, that you consider all cases of secondary disease do require so long a term as that?—Yes.

6110. You do not distinguish slight cases from severe cases, but you consider them all amenable to a general law, according to which a man having syphilitic poison in his system will be subject to its influence for an indefinite period of time?—Not quite so; but practically I cannot make any distinction at all, because I never can tell from the first outbreak how severe the disease will be.

6111. I come now to an important question, and it is, what matter do you employ?—From the middle of the year 1860, there has not been employed in the hospital any other matter than that which I myself have taken from infecting sores.

6112. Do you mean from hard sores?—I use the term "infecting," because I do not believe that all infecting sores are hard; the same matter was employed by me in private practice, because I always got my matter from the hospital for private practice. This was continued as long as I was in the hospital, and I think it is continued still, but I cannot answer for it.

6113. How was the matter obtained from hard sores?—A great many of the patients who came into the hospital with hard or with infecting chancres could be inoculated with their own matter, but when it did not take at once, trying it day after day, or if it lasted too long before I obtained a positive result, I sometimes had recourse to irritating treatment of the chancre; and after this, in all cases where I had an opportunity of doing it continuously, I got a positive result.

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6114. You have not yet stated how you obtain matter from a hard sore; how did you do that?—Sometimes I placed a piece of dry lint upon it, which I let remain there for a night, or longer, and sometimes I used the powder of savin.

6115. Do you consider that the matter so obtained was the specific product of a hard sore?—It was virulent matter, which could be re-inoculated just like the matter of a soft chancre.

6116. Must the matter be the matter of a hard sore. You have stated that since the year 1860 you have employed that matter exclusively: have you inoculated with the matter of soft chancres?—Previously to that time matter was taken indiscriminately from soft and from hard chancres. No attention was paid to the source from which the matter came, and after the experience that was gained in the period before that time, I am convinced that syphilisation can be carried out with the matter of the soft chancre as well as with the matter of the other.

6117. You profess that the force of this treatment is curative, but is it protective; or to what extent is it protective for the future?—A patient who has been treated by syphilisation may contract a chancre some time afterwards. I cannot tell the exact time, but I am sure it is very different in different persons. I have observed that after some years have elapsed a patient may get a chancre, but in the cases I have seen it has been very superficial, and has healed up very rapidly. I think also that after a certain period of time—probably many years—the constitution may get so perfectly rid of the disease that it is possible that the individual may contract a new chancre, which will produce a new constitutional effect.

6118. You would not guarantee the safety of a man who had been syphilised, and who had intercourse with a woman having a syphilitic sore, even after many years had elapsed?—Not at all.

6119. Will you be good enough to explain to the Committee the greater activity of the pustules which are made on the thigh?—I do not know the reason of it; but it is the fact that different parts of the body have different powers of reproducing a virus. I am not aware of any explanation that can be given of it; it is a matter of experience.

6120. When the process of syphilisation is completed and the patient cured, can you not still inoculate some hitherto uninoculated part with fresh matter?—Perhaps I could produce a small abortive pustule in another part, but I do not think I could produce a real ulcer.

6121. Do you believe that many cases of constitutional syphilis would recover spontaneously without treatment?—Some few; not many.

6122. *Dr. Babington.* What is the criterion by which you stop the syphilisation?—When it is not possible to inoculate any more it stops of itself.

6123. What is the longest period that you have known it to go on; how many months?—I cannot recollect that at this moment, but it will be found in the Report.

6124. Can you state the shortest period?—No, because there is a great difference in the duration of the treatment. I have had some, but very few cases in which, during the whole treatment, I produced only abortive pustules, and in which the whole effect ceased in a very short time—in less than three months.

6125. Do you go on with the treatment when you produce only abortive pustules?—Yes, I continue it, and I try to get as strong matter as possible. I continue to inoculate as long as I can produce the slightest effect.

6126. Would the last pustules which you produced before a man is cured produce a pustule in another person?—Yes, they would.

6127. As well as the first pustules that were produced?—As long as there is found a pustule, even if it is very small, and it dries up without ulceration, the matter from it transmitted to another person will produce a large pustule and an ulcer.

6128. Have you ever seen a hard chancre produced by inoculation?—Some of the inoculations, or ulcers following inoculations, are slightly hard; but I am not sure that this is a specific induration.

6129. You have no positive proof that there is any specific virus introduced?—Yes, I have.

6130. What is that positive proof?—There are very often formed, from these artificial inoculations, indolent buboes. I have observed these buboes on the sides of the breast, and a hard string going from the ulcers up to larger and indurated glands, and strings from one gland going to another, and further on to the axilla.

6131. Have you ever known those buboes to suppurate?—Very seldom.

6132. Are they truly indurated glands, such as you would see after a hard sore on the penis?—They have all the appearance of it.

6133. Is it your opinion that constitutional syphilis can be had twice?—I think it can.

6134. And a new set of symptoms beginning with a hard sore?—Yes, a new series of symptoms. I think it is possible, although it would happen very seldom.

6135. Do you use the same treatment for children with hereditary syphilis?—Yes.

6136. Do you find it as successful with them as with adults in the cure of acquired syphilis?—No; a great number of the syphilitic children die, and in many cases the inoculations do not take at all.

6137. When they die, what is the usual cause of death?—It is generally disease of the internal organs or atrophy.

6138. Not from the irritation of the pustules?—Never.

6139. Do the inoculations take in children as well as they do in adults?—No, they generally take less readily.

6140. *Dr. Balfour.* Do you find that patients who have been treated by syphilisation are frequently subject to relapses?—In my private practice I have not had a single relapse, with the exception of one man, in whose case I was obliged to stop the treatment, because he had to go away from the town. He had a relapse, but that is the only one that I can remember. I have given the statistics of all the cases in the pamphlet, which I wrote two years ago, and I see in that that the number of relapses is set down as ten per cent. of the persons treated by syphilisation.

6141. In the cases in which there were relapses, did you find the disease in a severe form, or was it very much milder than in the previous attacks?—About half the number of those relapses were very slight cases, and they were treated only locally; and, in fact, they could not have been called relapses if the patients had been kept for some weeks longer in the hospital.

6142. Were they chiefly cases of cutaneous disease, or what was the form in which the relapse shewed itself?—The cases of relapse have shown themselves more commonly as excoriations on the mucous membrane of the mouth and of the throat; sometimes as mucous tubercles around the anus.

6143. In your mode of treatment by syphilisation do you give any medicines internally?—Never any medicines with the intention that

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they shall act specifically on the system, but sometimes I give medicine to strengthen the constitution to persons who, before they contracted syphilis, had been weakened.

6144. What diet do you give to your patients?—In the hospitals they are allowed full diet, and private patients are advised to live as they would live if they wished to be healthy and have no disease at all.

6145. You do not place them on low diet?—No.

6146. You endeavour to keep up their strength by nourishing diet?—Yes.

6147. *Mr. Cock.* Do you ever find that patients object to the number of marks which are made on their bodies by the process of syphilisation?—Sometimes.

6148. Are they very dissatisfied, after the treatment is over, to find that they are so marked?—Never.

6149. *Dr. Donnet.* Are you in the habit of employing syphilisation for the cure of primary syphilis in cases where you would expect secondary syphilis to follow?—As a rule I have not done that. I have done it a few times, just to try the result; but only as an experiment. I would not adopt it as a practice.

6150. Supposing you felt sure that secondary symptoms would follow what would your treatment be?—I should use syphilisation; but I think it would be dangerous to lay it down, as a rule, to treat primary sores in this way, because mistakes might be made.

6151. What treatment do you apply for a primary sore—is it local?—It is, generally speaking, only local. If I find that a patient has any other disease, or that his constitution is weakened by anything, I try to get him as healthy as possible during the interval of time, so as to be strengthened against the attack of secondary syphilis which I expect will come on.

6152. Have you ever applied escharotics to a sore?—Yes, very often. As a rule I should cauterise a chancre which is not too large.

6153. In a simple case of secondary syphilis, at what period of the treatment by syphilisation would you expect an amelioration in the general health of the patient?—After between six weeks or two months.

6154. Would there be no change in the general health of the patient before that time?—I think there would very often be before; but I think I could not rely upon it before that time.

6155. You say that you generally give good diet to the patients undergoing the process of syphilisation?—Yes.

6156. Is it the usual diet to which they are accustomed, and is it of a strengthening nature?—That depends upon the constitution of the individual. If a person is weak I advise him to take generous diet; if he is too flourishing and has, perhaps, lived too well before, I advise him to live moderately.

6157. Notwithstanding your unwillingness to undertake the cure of an individual who had already been treated with mercury, would not your faith in syphilisation induce you to try it in one labouring under a severe form of syphilis, in whom other modes of treatment had failed?—To be sure it would.

6158. Would you do so with any hope of success?—Yes.

6159. In skin diseases not of a syphilitic nature, would inoculation with the matter secreted influence the cure in any way?—That is inoculation with the matter secreted from the disease, not syphilitic matter? I do not know of any matter which is inoculable in the same way as syphilitic matter is, and so I think that treatment in that way would not be possible.

6160. Do you invalid any men from the army for syphilis?—In the

Norwegian Army bad cases of syphilis would be dismissed; but a man who has undergone treatment by syphilisation, and who presents no actual symptoms of syphilis, would be taken. I should take him as a rule. *Dr. Bidenkap.* 6 Oct. 1865.

6161. I wish to ascertain from you whether soldiers are invalided and discharged from the Norwegian army for syphilis?—A bad case of syphilis would be invalided. A man would be put under treatment, and if he was so disabled by the disease that he could not serve as a soldier, he would be dismissed.

6162. Have you many such cases?—Not many. I have seen such cases, but they occur very seldom.

6163. Did you ever see any case of epilepsy or paralysis arising from syphilis, whether in the hospital or in the army?—Yes.

6164. Cases arising from syphilis?—Yes, I have seen many.

6165. Is any especial treatment for syphilis pursued in the Norwegian navy?—I do not think there is. I think that treatment of syphilis is very seldom employed in the navy, because most of our sailors are only enlisted for one short trip, and there would not be any question about it.

6166. *Mr. Quain.* Do practitioners in Norway in any number pursue the same method of treatment that you have adopted?—I have heard the names of all the persons who have been known to employ the treatment in Norway; but I will not say that those persons now employ it in all cases of syphilis which come under their treatment; those persons have employed it in some cases, and some of them in many cases, but I cannot tell exactly what they do now.

6167. In Christiania are the cases in the hospital accurately registered?—Yes.

6168. Have you had an opportunity of following those cases afterwards so as to know the results?—Yes; most of them.

6169. A Committee investigated the practice of Dr. Boeck some years ago, observing, as it is stated, the cases under his treatment for three years, and watching the same cases—those that had been treated—for three further years; was that Committee formed of medical gentlemen resident in Christiania?—Yes.

6170. Have you compared the treatment by syphilisation with other forms of treatment?—Yes.

6171. Will you name those other modes of treatment?—Treatment by what was called derivation, and treatment by a decoction of sarsaparilla, combined with sweating. I have had personal experience of those three methods of treatment.

6172. Have you obtained any statistics as to the results of the treatment by mercury?—None of my own.

6173. Or any with reference to cases you have observed,—that were not under your own treatment, but under your observation?—I have observed some cases which have been treated with mercury, but I have no exact statistics as to private practice.

6174. Nor as to hospital practice with regard to mercury?—None other than the statistics collected by Professor Boeck.

6175. Be good enough to explain what the treatment by derivation is?—Treatment by derivation is the application on the skin of the patient of tartar emetic, especially by a plaster of tartar emetic.

6176. What is the size of those plasters?—They are generally about the size of the hand.

6177. Where are they placed?—Alternately between the shoulders, and on the arms and on the thighs.

6178. How often are they renewed?—They are renewed as often as the last one is healed, but not at any certain period.

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6179. What is the test for stopping that mode of treatment?—There is no test at all, except the symptoms disappearing.

6180. Will you now explain what the sweating plan of treatment is?—In the sweating treatment the patients had administered to them every day decoction of sarsaparilla. I cannot now remember the strength, but it was the common decoction of sarsaparilla; part of this was taken in the morning, the patients being wrapped up in blankets, and kept in bed until noon; then the other part was drunk during the afternoon, and the patients generally were kept on a low diet.

6181. They were out of bed, then, in the afternoon?—Yes.

6182. Was any other medicine given to them besides the sarsaparilla?—Generally not so.

6183. Be so good as to give the statistics of the three different modes of practice, respectively, which you have observed—first, as to the duration of the disease under treatment by syphilisation, what was the average time?—By syphilisation it was 134 days; by derivation, 156 days and a small fraction; by sweating and sarsaparilla, 148 days. I cannot give you the average time when under treatment by mercury; the only source I have is Professor Boeck's large book.

6184. Now with regard to the relapses after each plan of treatment, what was the per centage?—After treatment by syphilisation, 10 per cent.; after treatment by derivation, 23; and after sweating, 39 per cent.

6185. Will you now state the duration of the relapses after each of the three methods of treatment?—The average duration of the relapses after syphilisation was 79 days; after derivation, 128 days; and after sweating, 144 days.

6186. Do you know whether the relapses were more or less frequent when Professor Boeck used mercury as his general treatment, or than since he has used syphilisation?—As to Professor Boeck's own practice, I do not know that. The statistics with regard to the mercurial treatment are taken from the whole service of the hospital for many years back, including a long period of time, and in these Professor Boeck's treatment is also included.

6187. What was the result of the treatment of syphilis by mercury, as compared with the treatment by syphilisation?—I have not here the statistics, but I can supply them; it will be perhaps difficult to give it in one number, because there are different methods of mercurial treatment. I will, however, endeavour to obtain what you wish.

6188. Is the character of the constitutional syphilis which you now see in the hospital in Christiania less or more severe than it was when mercury was used?—My own experience has been this, that in later years I have not seen so many bad cases—especially not so many tertiary cases—as before; but with regard to the original attack, I think it is just as severe now as it was before.

6189. Do you mean the primary disease?—No; the first constitutional attack; but the sequelæ are not so bad.

6190. What do you mean by tertiary symptoms; or what do you include under that designation?—I mean, generally speaking, when the deeper structures are attacked.

6191. For instance, the bones?—Yes, the sub-cutaneous tissues.

6192. I understand from your evidence, that the treatment by syphilisation, upon the average, lasts about four months?—134 days.

6193. Can you state what is the duration of the treatment by mercury, as used by M. Ricord, in Paris?—I know what Ricord has written himself upon that point, viz., that it is very difficult to cure syphilis; but after a mercurial treatment of six months, and

treatment with iodide of potassium for three months more, it is perhaps possible that a patient may be cured.

6194. In the Report which was published by the three Surgeons living in Christiania, it is stated that there were nine per cent. of the cases treated by syphilisation without any certain result as to cure, or 9 out of 92. How does your own experience bear out that statement?—I think that that statement only relates to cases in which circumstances so occurred that the treatment could not be brought to an end, and the patients went out of observation. Those cases could not be used in the statistics. It is not, I am sure, that the treatment had failed. One of the nine persons went from the hospital, and there was another case in which the patient had pleuritis, and after that, all the symptoms disappeared, and the treatment was not taken up again. Another patient was sent away who was not perfectly cured, because she could not stay any longer, and the treatment of her case was continued by another doctor. The cure was not finished in the hospital.

6195. There was then no failure of the treatment in any of those cases?—Not at all; but it could not be continued on account of circumstances. Some of them were persons upon whom another mode of treatment was employed at the same time—iodide of potassium and other things.

6196. It arose from accidental circumstances, and not from any failure in the treatment?—Yes, and all these cases were taken out because they could not be used in the statistics.

6197. With regard to the children of women who had been treated by syphilisation, the committee give results. Have you any statistics of your own upon that point?—No.

6198. They state that of six women eight children were born, the women having been treated by syphilisation, and six of those eight children had hereditary syphilis?—I suppose it is right, or that it was right at that period. A change may have taken place since that was written. It is now two years ago or more, and a change may have taken place for the better, but I have no statistics upon that point.

6199. The Committee also give the result of the treatment by syphilisation of twelve children, as follows:—five were cured: in one the disease returned: six died during the treatment. Have you any statistics of your own upon that part of the question?—No.

6200. Do you use syphilisation now in treating children?—Yes.

6201. Do you now believe it to be a satisfactory mode of treating children suffering under hereditary syphilis?—I have found that mode of treatment better than any other, even in hereditary syphilis.

6202. With regard to the method of practising syphilisation, do you use the lancet as Professor Boeck does?—Yes.

6203. Why is it that you make six inoculations, and not four, or three, or two, or one?—I think that another number might be used, but I have not as yet tried to alter the method.

6204. Do you not think it would be desirable to diminish the number of scars, if you could do it and obtain the same results as to the patient?—It is my opinion that it is better not to make fewer inoculations, for, generally speaking, each ulcer will be larger if fewer inoculations are made.

6205. Do you say that as the result of much experience?—Yes.

6206. Is the same practice adopted in the Norwegian army?—There is no special treatment adopted in the army at all; it depends upon what opinion the doctor has who has to treat the men.

6207. In answer to one question, you stated that you regarded the hardness of the glands after inoculation as a proof that the virus which produced it was syphilitic, and such as would be infecting. Do you

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require that hardness in the glands from a primary sore to enable you to judge whether a sore is an infecting one or not?—I think it is one of the best evidences of the infection of the constitution, but it is not absolute proof.

6208. If there were a suppurating gland or bubo, should you think that that would be equally infecting to the system?—I have seen infecting ulcers produce suppurating buboes.

6209. As the rule or as the exception?—As the exception.

6210. In the treatment by mercury it is frequently observed that in a short time the patient feels better; there is a sense of relief from a depressed condition. Does anything of that sort occur when syphilisation is employed; I mean apart from the removal of the disease?—They generally begin to feel better when some weeks have passed by.

6211. *Dr Wilks.* When the effect of inoculation becomes lessened in the patient—that is, when the pustules cease to take, as the patient is being cured—is that due to a change in the system, or to a difference in the pus itself?—The gradual diminution of the artificial ulcer is due to a change in the constitution; it is due to a diminution of power in the organism to reproduce the syphilitic virus.

6212. If that pus were inoculated in another person it would be equally powerful?—Yes.

6213. Does it not sometimes happen that after two or three persons have been inoculated the matter ceases to take?—In passing from one person to another generally, if it did not take strongly in the first person, it would become stronger and stronger as it was transferred from one to another.

6214. It may become weakened through one person, and it may become stronger through another?—Yes, that is possible too.

6215. The pus that will cease to take on one person, if inoculated on another and then re-inoculated back again, will sometimes take?—Yes, but not always.

6216. If so, it has undergone a change?—Yes, it will sometimes take, but not always; when a patient has been under treatment for some time it will never take so well as it will take in a fresh case.

6217. You would say, as a rule, that the matter, as the patient is being cured, is becoming less powerful in itself?—The matter is becoming less powerful, but the essential cause of the ulcer growing small is in the patient's constitution, and not in the matter. One matter may be stronger than another from the beginning, and that may account for a slight difference in the ulcer first produced.

6218. Then one patient may be cured sooner than another?—Certainly.

6219. Would he be equally well cured?—I think that a patient is well cured when he has gone through a regular course of syphilisation, and when the inoculations have been kept up for that period which we consider necessary—about three months.

6220. If he was inoculated with weak matter, and that ceased to take, you might inoculate him with stronger matter afterwards?—Yes, we try to get matter that we are sure will take well, and I think it is very essential for syphilisation to have matter of which we know the effects; it is, therefore, almost necessary to have more patients at once under treatment so as always to have a fresh source of supply.

6221. You like to know the character of the matter you begin with?—Yes, we like to know the character of the matter that we employ, and to be able to renew the effect.

6222. You never inoculate a healthy person?—No; that is to say, I have never used syphilisation upon a healthy person.

6223. Have you or any other surgeon by accident ever inoculated himself with this matter?—I do not know of one single case in which constitutional syphilis has been produced in that way.

6224. Do you think it might be so produced?—I think it might.

6225. Suppose that when you begin the treatment there is any active local disease going on, such as iritis or ulcerated throat, or spreading ulcers, that disease, I presume, would still progress during the six weeks?—I am not sure that it would progress during the six weeks; but I could not be sure of any effect before that time had elapsed.

6226. Surely some of your patients must have had these local diseases?—Some of them have shown effects before that time; but, as a rule, I cannot tell a patient that I see any effect under six weeks.

6227. If a patient had iritis, would you let it proceed and do nothing?—Yes, with the exception of applying local remedies.

6228. Would you hope that the patient would recover?—I have seen them always recover.

6229. *Mr. Spencer Smith.* You have stated that the Report, as it appears in the translation from the journal, is inaccurate?—Yes.

6230. In what does the inaccuracy chiefly consist?—A person who reads the translation will not get the same impression as a person who reads the original report.

6231. In what does the inaccuracy chiefly consist?—In an answer to a previous question, I have already given one example, when referring to the nine cases and their treatment which has been left out—that is an example, and the ultimate conclusion of the committee is not taken in. I will, if you please, translate the original passage:—"*After all that has been said, the Committee thinks that syphilisation is a better method than derivation, and although it cannot declare that by it (syphilisation) the syphilitic disease is always and finally cured, the members of this Committee are unanimous upon this point, that they know of no other treatment which does more, or so much as syphilisation does against secondary syphilitic cases in persons who have not previously been treated by mercury.*"

6232. *Chairman.* Are there any measures adopted in Christiania for the prevention of syphilitic disease?—Yes.

6233. In general terms what are they?—There is a certain class of women who are tolerated, and who are now, and have been in later years examined very carefully twice a week. There is another class of tolerated women who are examined, as far as I know, once a week, or some of them, perhaps, not so often; but I cannot give the returns of those, as I know that there have been some alterations made in the last few years; but generally speaking the prostitution in Christiania is under very good control.

6234. Is it under Government control, or directly under the control of the police: in other words, do the police act upon their own responsibility, or rely upon the authority of the Government?—I cannot speak about that.

6235. Will you be good enough to make inquiries on your return, and furnish this committee with some information upon that head?—I shall be very happy to do so.

6236. Are there any Lock Hospitals in Christiania?—Yes.

6237. How many are there?—Until the last two years the patients were all treated in the University Hospital, or "Royal Hospital," as it is called.

6238. Is that the hospital to which Dr. Boeck is attached?—Yes; but they have now got another, to which, as a rule, the women are sent, and not to the Royal Hospital, and they are kept there strictly confined until they are cured.

Dr. Bidenkap.
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6239. Are the men sent to the Royal Hospital?—Yes; they are sent to the Royal Hospital only.

6240. But the same system prevails which is found in Paris and in Brussels?—Yes; there is a functionary specially employed to look after these women, with the aid of the police.

6241. Do you, in the Norwegian army, adopt any measures for the detection of disease among the soldiers?—Very often when circumstances make it possible that they might get any infection, a visitation is made, and upon all occasions when soldiers are called together, or they are going to change their quarters, or any change takes place, an examination is made.

6242. By whom is the examination made?—By the doctor attached to the regiment.

6243. Is any punishment inflicted upon a man if he is found to be diseased?—Not generally—not as a regulation.

6244. Under what circumstances is any punishment inflicted?—There is no general rule, I think, as to that. If there is any punishment inflicted, the commanding officer orders it.

The witness withdrew.

Friday, 13th October, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Robert William Dunn, Esq., M.R.C.S. and L.A.C. (Surgeon to the Farringdon Dispensary), examined.

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6245-6. *Chairman.* How long have you been in practice?—Ten years.

6247. To what dispensary are you attached?—The Farringdon Dispensary.

6248. How long have you been attached to that dispensary?—Between eight and nine years.

6249. In the capacity of surgeon?—Yes.

6250. During the whole of those eight years have you been familiar with cases of hereditary syphilis in infants?—Yes.

6251. What has been the general treatment which you have adopted up to the last two years?—Grey powder, mercurial bandage, inunction, and the iodide of mercury mixture of the Skin Hospital.

6252. How long have you superseded that treatment by mercury by another form of treatment?—During the last two years and a-half.

6253. What induced you to change the form of treatment?—From seeing the success with which Dr. Drysdale and Mr. Allingham treated their cases.

6254. You considered their treatment of hereditary syphilis so successful that you were induced to follow it?—Yes.

6255. What was that treatment?—By tonics principally; such as the chlorate of potash, steel wine, and cod-liver oil.

6256. Have you a large number of cases of hereditary syphilis at the dispensary?—Yes, a great many.

6257. What proportion, out of 100 cases of children's diseases, do you think you might say are of a syphilitic nature?—That is a very difficult question to answer; I attend at the dispensary only once a week, and I generally have one case of hereditary syphilis every week there. I see, on the average, about twenty children, and there is one case out of twenty of hereditary syphilis.

6258. Have you any record of that?—No; I never take any notice of the number at all.

6259. Have you relinquished the mercurial treatment entirely within the last two years and a-half?—Yes; entirely.

6260. Do you adopt the mercurial treatment for syphilitic affections in adults?—I have relinquished that practice too.

6261. In point of fact you do not employ mercury in any quantity or form in any case of hereditary syphilis or in constitutional syphilis?—Only in cases of primary syphilis. I sometimes dress the sore with black wash.

6262. Are the results of the treatment to which you have referred in the case of hereditary syphilis in children perfectly satisfactory to you?—Decidedly so; most satisfactory.

6263. What are the grounds of your satisfaction?—Because the rate of mortality is lower.

6264. What was about the rate of mortality when the children were treated by mercury?—I am sorry to say that I have no notes of that at all. I cannot speak from any facts exactly; but, in my mind, they were far greater; it was much higher. I think I used to lose one in five or six cases.

6265. There is another mode of testing the relative advantages of the two modes of treatment,—by the time required for the cure. What is your impression as to the time required by the mercurial and the non-mercurial treatment?—I think by the mercurial treatment the time required is generally about two months.

6266. And the time required by the non-mercurial treatment?—That varies so very much. I have discharged cases on the eighteenth day, and some cases have been under my care for over sixty days.

6267. It is very important to give the Committee something like an average?—Then I should say that the average time under the non-mercurial treatment is about thirty days.

6268. I suppose that the children are, for the most part, anemic?—A large majority of the cases were so.

6269. Then the treatment by cod-liver oil, steel wine, and chlorate of potash would come in very usefully?—Yes; very usefully indeed.

6270. Are you perfectly satisfied with that mode of treatment, as an improvement upon the mercurial treatment?—Most decidedly.

6271. How many cases have you had to treat?—Fifty-three, at least; I have notes of fifty-three cases. With regard to the rate of mortality I had three deaths out of fifty-three cases.

6272. Was there any peculiarity in the three cases to explain the mortality?—One child died of convulsions, which I could scarcely say was the result of the hereditary syphilis; and of the other children one was brought to me in a dying state, and it died on the third day; the other one had been under treatment at the Moorfields Hospital for strumous ophthalmia.

6273. By mercury?—I do not know; but I think it was given in that case.

6274. The result of your treatment by means of chlorate of potash

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cod liver oil, steel wine, and good diet, has been to restore the children to health in a shorter time than was done under treatment by mercury?—I will not say in an absolutely shorter time, because in some cases children get very rapidly well under mercury; they seem to improve under mercury; it is very difficult for me to say, for a fact, how long it requires for a child to be treated by mercury. Say three months; but the time varies that is required by the mercury if you administer it to the child itself.

6275. Have you many relapses after your treatment?—That I cannot give you any information upon. I have only had one case of relapse that has come under my own observation; because one sees cases, and then one loses sight of them; therefore you cannot tell whether a relapse has occurred. I have had one case of relapse that had been previously under Mr. Allingham, and that case was treated without mercury.

6276. If a mother brings a child to the dispensary, and the child recovers, one would naturally suppose that she would bring it again if it were taken ill again?—Yes.

6277. You have no doubt whatever upon that matter?—No doubt whatever.

6278. You stated that you considered the average period of the treatment by mercury was about two months, and the average period for the non-mercurial treatment was about thirty days?—Yes; I think so.

6279. Then the average period required by the treatment without mercury is less by one month than the other?—Yes; but then I cannot be positive upon the fact as to the average treatment by mercury. I kept no notes at all of that myself.

6280. If it could be shown to you that you have stated what is deemed to be about the average time by other physicians and surgeons, I suppose we might take that as the probable term?—I think so.

6281. However, you are quite sure as to the opinion you now express before this Committee as to the influence of tonic treatment in curing hereditary syphilis?—Yes.

6282. *Dr. Balfour.* I think you stated that of the fifty-three cases you treated since you altered the mode of treatment, three of the patients died?—Yes.

6283. Can you give the Committee any information as to the number of deaths which occurred in the cases while they were treated under the other system?—No; I have no facts to go by at all.

6284. Then it is simply your impression?—Yes.

6285. That impression may be right or it may be wrong?—I cannot adduce any facts to prove it; but my impression is that I should not have altered my treatment if I had not thought that it was a right impression.

6286. You have no means of tracing the ultimate result in your cases?—None. In some cases I have; for instance, I have a child now over two years of age that I have treated without mercury.

6287. As a general rule in dispensary practice you have no means of tracing the cases?—Very few; indeed, none at all. In the first case that I treated without mercury, I have the child under my observation now; it was a case in private practice, in which both parents were syphilitic.

6288. *Mr. Cock.* Will you be so good as to state how much chlorate of potash you give?—I generally give two grains three times a-day, sometimes combined with dilute hydrochloric acid, and sometimes not.

6289. Is that given at the same time with the steel wine?—Yes; in some cases at the same time with the steel wine.

6290. Under that mode of treatment do you find that the same improvement takes place in the health that we generally find takes place after small doses of mercury, and that the child improves in health?—Yes; the child improves in health most decidedly.

6291. Do you think that the external symptoms of psoriasis and the spots on the skin fade as soon under your treatment as under treatment by mercury?—I do not think that they do fade so soon. I think that they take a little longer time to fade under the non-mercurial treatment.

6292. *Dr. Donnet.* In the fifty-three cases that you have mentioned, you spoke of one relapse; was your treatment of that case similar to that which you adopted for hereditary syphilis?—Yes.

6293. Have you had cases of syphilis under your care, not in children, but in adults?—Yes; a great many cases.

6294. What has been your mode of treatment?—I generally try to improve the condition of the patient with bark, nitric acid, steel, and cod liver oil; sometimes iodide of potassium, when mercury has been taken; and I used sometimes to give them Plummer's pill, but lately I have left that off.

6295. Have you performed *post-mortem* examinations of the children?—I never had the opportunity.

6296. *Mr. Quain.* How do you test the duration of your treatment?—When all the external signs disappear, and when the child leaves off snuffling.

6297. Then you have had very few returns of the complaint in your experience?—Very few, indeed.

6298. Had you any under the former treatment?—Unfortunately for me, I never kept notes of my former cases; but I fancy that I had more returns under the mercurial treatment; more cases of relapse. I know that one case that I treated with mercury came under my care four times for relapse.

6299. Had you witnessed the treatment of the same disease in any hospital before you entered into practice yourself?—No; except in Edinburgh; and I was advised there not to treat syphilis by mercury by Professor Syme; he was a strong anti-mercurialist.

6300. Did you witness any hereditary cases that were treated in that way?—Primary syphilis most decidedly without mercury in Edinburgh.

6301. I mean the complaint that you have been speaking of?—Never.

6302. Have you had any means of ascertaining the condition of the children after the subsidence of the symptoms and the cessation of your treatment?—Sometimes; I have had in some few cases.

6303. Out of the fifty cases that you have mentioned?—Yes; I think I may say I have had, in six.

6304. At what period after the treatment ceased?—In some cases three months, and in some eight; and one case I saw two years afterwards.

6305. Was the health of the children satisfactory at that time?—Perfectly so.

6306. With regard to the condition of the parents; have you any record of the condition of the parents?—Yes, I have.

6307. Does that record refer to the parents of the children in the fifty cases?—Yes.

6308. Can you give us any information as to the condition of either or both of the parents of those children?—The father was syphilitic in eight cases of the fifty, and the mother in eighteen cases only; both parents in ten ases were syphilitic.

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6309. Was the mother free from syphilis in all the other cases?—In some; I cannot tell exactly the number of cases in which the mothers were not free from syphilis; but in some few cases they were free from it.

6310. Do you know whether the mother was free from syphilis before she became pregnant in many of those cases, and that she got the disease during pregnancy?—I believe that in nearly all the cases the mothers suffered from syphilis before pregnancy.

6311. Did you happen to observe any number of cases, or any case in which the women received the syphilis while pregnant, and when it may have been supposed that she contracted it from the child *in utero*?—No; I have no evidence of that fact at all.

6312. I suppose you have no record of the other fourteen cases; you have accounted for thirty-six out of the fifty?—No; I cannot speak with certainty beyond those thirty-six cases.

6313. Do you know whether hereditary syphilis or constitutional syphilis is contagious, or have you any evidence upon that point?—Yes.

6314. What is the nature of your evidence?—A case came to the dispensary not long ago where a woman had been bitten in her lip by her lover, she suffered in her lip from a decidedly syphilitic sore, and she was non-syphilitic before that.

6315. Did she state that she had been bitten?—Yes; and you could see the marks of the teeth.

6316. Have you any other evidence to give the Committee upon that point?—I cannot speak without having my notes with me. That is the only case that I can call to mind at this moment. It was a case that came under Dr. Drysdale, and he had been treating it.

6317. *Dr. Wilks.* I understood you to say that the mercurial plan was successful?—In curing the disease, certainly.

6318. But that the method you had adopted was more so?—Yes.

6319. I apprehend that your great objection to mercury is that you think it injures the system?—I do.

6320. Have you witnessed any injurious effects from mercury?—Yes; the injurious effects which I have seen, or what we supposed to have arisen from it, were the teeth dropping out, and persons losing portions of their jaw-bones—I mean in adults; and children certainly I have seen go rapidly into a very weak anemic state, and get large ecthymatous sores upon them.

6321. Which, you think, were due to the remedy employed?—Certainly I do.

6322. You also think that many of the affections which you see in adults who suffer from syphilis are due to mercury?—I certainly do.

6323. Your great reason for using the treatment which you do is because you think that mercury should be avoided, if possible?—As far as possible; I think that if we can treat syphilis without mercury, it is much better to do so.

6324. Would you apply that to all diseases?—Yes.

6325. You think that mercury is a very injurious drug?—I have not so very dreadful a fear of mercury; but certainly I think we may as well do without it, if we can.

6326. I believe that your principal reason for adopting the other mode of treatment is because you think mercury is often injurious?—Certainly I do.

6327. I suppose you have seen children long after the symptoms have rapidly abated, and after the use of mercury, remain perfectly well?—Yes.

6328. You have alluded to the state of the teeth; do you believe in

the observations which have been lately made by Mr. Hutchinson as to the peculiar appearance which a child or young adult might present who had been the subject of hereditary syphilis?—I believe that in a great many cases they are correct, but not always. In a large proportion of cases I think they are correct.

6329. Have you any notion that mercury has anything to do with that state of things?—No; I do not think it has.

6330. *Dr. Babington.* Have you failed of success by this mode of treatment in any case?—Only where the children have died, and not otherwise.

6331. Have you never had recourse to mercurial treatment afterwards?—Not in a single instance.

6332. Do you go the length of giving up mercury altogether in the treatment of syphilis?—At present I do.

6333. Do you never meet with cases which are obstinate, and which defy all other means?—Certainly I do meet with cases that seem to defy treatment every now and then; but I do not treat them with mercury. I ring the changes upon something else. I want to give the mode of treatment a fair trial, in order to see whether syphilis cannot be treated without mercury.

6334. What are the ages of the children that you do treat—from birth upwards?—They are generally from the first month up to the sixth.

6335. Take a child in the first month, what dose of chlorate of potash do you give it?—About two grains.

6336. In the first month?—Yes; and to a six months' child I give three grains. I do not think I have ever exceeded that.

6337. What dose of cod-liver oil do you give?—A very small dose; to a baby a month old, not more than five or ten drops.

6338. How much do you give to a six months' child?—Then the dose is increased to thirty drops.

6339. Of steel wine how much do you give?—To a child six months old I give a teaspoonful, and to a younger child half a teaspoonful.

6340. Do you ever treat children that are ten or twelve years old?—No; I never had a case above six months.

6341. In the treatment of adults, do you treat them upon the same plan?—Yes.

6342. For the primary symptoms?—Yes.

6343. And for the secondary symptoms also upon the same plan?—Yes.

6344. What dose do you then give of chlorate of potash?—From five to ten grains.

6345. How much of hydrochloric acid?—I treat them sometimes with, and sometimes without; ten to fifteen drops.

6346. What is the object of giving hydrochloric acid?—I cannot give you any reason at all; it is a mere fancy sometimes.

6347. What dose of cod-liver oil do you give?—To an adult never more than a teaspoonful.

6348. How much iron do you give?—I generally use the sesquichloride of iron, and I give from ten to twenty drops.

6349. Can you furnish the Committee with any notes of those cases?—Yes; but I expect there will be a tabulated form of those cases published in the British Medical Journal.

6350. What is the number of syphilitic children that you suppose you treat in a year at the Farringdon Dispensary?—I should say that the number varies from 80 to 100. I have not taken notes, for you cannot always do so, of the cases as they come in, and they vary so much.

Mr. Dunn. I think I was wrong in saying 100, but I think I might say fifty in a year.

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6351. Is there anything else that you would like to state to the Committee?—Simply this, as to when the disease first makes its appearance in a child. In seventeen cases it has occurred in the first month, in twenty-one cases during the second month, in ten cases during the third month, in two cases during the fourth month, and in one case during the fifth month, and in one case during the sixth month.

6352. Have you had none at birth?—Not a single case.

6353. And none within five days afterwards?—None.

6354. Have you any suggestion to offer with regard to the prevention of the disease?—I think that all women should certainly be under medical control, and that they should be compelled to come—I would say to dispensaries, in preference to large hospitals—to the dispensaries about London on certain days in the week, and show themselves, to be examined by a medical officer.

6355. Under police control?—Yes.

6356. You would have Lock hospitals I suppose also?—Decidedly; and that in every case where a woman was found to be diseased, she should be sent to a hospital, and not allowed to come out until she was cured.

6357. Have you obtained any practical information as to the working of such a system?—No, I have not.

6358. It is merely a theoretical opinion?—Yes; I think that prostitution is a necessary evil to every large town, and that it ought to be put under control. I think that if prostitutes were registered and put under police control, it would be the best thing that could happen to this country.

6359. *Dr. Wilks.* Is it your opinion that syphilis is producing injurious effects upon the race?—Certainly.

6360. *Dr. Babington.* Have you ever seen a case of hereditary syphilis in the third generation?—Never, except two or three years back at the Skin Hospital, Blackfriars. A case occurred there in which we thought we could trace it back to the third generation.

6361. Have you any further suggestion to offer to the Committee with regard to primary syphilis?—I think that mercury prevents secondary symptoms from appearing so rapidly as they would otherwise do. I believe that.

6362. Have you registered any cases as to that?—I have registered cases which have been treated without mercury.

6363. Cases of adults?—Yes; I have notes of twenty cases that were treated without mercury.

6364. What do they go to prove?—That the primary sore can be cured without mercury, and that the secondary symptoms can, and that tertiary symptoms do occur under the non-mercurial treatment.

The witness withdrew.

Friday, 20th October, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Lieut.-General Sir Richard Airey, K.C.B. (late Quartermaster-General of the Forces), examined.

Sir R. Airey.
20 Oct. 1865.

6365. *Chairman.* I believe I am not in error in saying that the Quartermaster-General of the Army is directly or indirectly responsible for the healthy housing of the troops, whether in barracks or temporary buildings appropriated for that purpose?—Quite so.

6366. Such buildings, looking to the extensive dominions of the Crown, must vary in degrees of excellence in different localities?—Very much indeed.

6367. You know well, from long experience, where they are good and where they are bad, and where they are indifferent in different parts of the world, which are affected by difference of climate?—Yes.

6368. No doubt much improvement has taken place, during the last 20 years, in the personal comforts of the soldier?—Very great improvement.

6369. And also in the means afforded him for occupation, whether mental or physical?—Yes.

6370. It appears impossible, almost, to obviate the evils of idleness to a soldier, and which idleness will be allowed by everyone to be a monstrous evil?—Yes; but, with a view to the prevention of this idleness and the evils resulting from it, there have been various measures adopted, such as providing recreation rooms, in which the soldiers may amuse themselves with bagatelle, billiards, backgammon, draughts, and dominoes; fuel and light are provided without any expense to the soldier. They are also able to obtain refreshments at a mere nominal cost; a cup of coffee or a cup of tea can be had for a penny. A library is also provided, furnished with all the books that men of that class would be likely to read; and it is a curious fact that they are fond of light reading, sentimental novels, and such books. With regard to out-door amusements, there are skittle-alleys and cricket-grounds; they also play at football, and there are gymnasia and gardens; but the men do not work in them much, for they are apt to say, "If we sow, others may reap," and the peculiarities of our service are such, that there is always a feeling in the mind of the soldier, that they are sowing a crop which other men may come in to reap. I scarcely see how it is possible to do anything more than has been done with a view to the prevention of idleness.

6371. Is there any other suggestion that you can make to the Committee as to providing further occupation for the soldier?—I do not see that anything more can be done with regard to giving him occupation. The only other mode of preventing evil, if it were possible to be done,

Sir R. Airey. 20 Oct. 1865.

would be by legislative enactment, establishing certain exceptional rules with regard to garrison towns. In the universities, I believe, the proctors, by law, can take notice of any women who they suppose are diseased, and can prevent them from mingling with the community, and they can either send them away, or into an hospital; but that is a power conferred entirely by legislative enactment.

6372. Are you acquainted with the Contagious Diseases Prevention Act?—Yes.

6373. That has been pushed to some extent in the same direction, including eleven of the chief depôts?—Yes.

6374. Do you approve of the Act?—Very much indeed; but I do not think it goes far enough; it goes perhaps as far as we could expect it to go in this country, considering the feeling that is entertained on the subject of medical inspection, for, from a sort of morbid feeling about decency or indecency, there has been a strong current of feeling against medical officers inspecting the soldiers, and that has affected the spread of the disease very much indeed; the amount of disease is very much greater, or at least to a certain extent, than when these medical inspections were obliged to be carried out. I believe it is the general feeling amongst commanding officers of regiments that it has increased since the time when the medical inspections were discontinued, and I think myself it stands to reason. I always found in my own regiment that the venereal disease was very much influenced by the age of the regiment, and that if, from circumstances, you had a great number of young men, and the average age of the regiment was very low, the venereal disease would be sure to stand high. The medical inspections had this effect, that the disease being once seen, it was at once checked. Lock hospitals have acted very well, although only to a limited extent, for, after all, they are very limited.

6375. You are of opinion that, as forming part of a general system of prevention, Lock hospitals are indispensable wherever soldiers are congregated, and women are also numerous?—Quite indispensable.

6376. Especially if it can be proved that the establishment of Lock hospitals will be a gain to the Government, and not a loss, they will be doubly advantageous?—Yes.

6377. In point of fact, the disease called syphilis entails more expense than the Lock hospitals, with all their appliances?—Yes; I have no doubt that Dr. Balfour will be aware of the number of discharges that take place at Chelsea Hospital, and that of the number of men who are discharged there upon any day, a very large proportion are discharged on account of the effects of syphilis at one time or other, and the number is quite extraordinary. I believe that two-thirds of the men in the Guards are discharged on account of the effects of syphilis.

6378. Looking at the occupations and amusements of the soldiers, as they stand now, is there anything that you can suggest in the way of improvement, and with the view to arresting the progress of this malady?—Not unless the legislature would do something for the certification of women.

6379. I am speaking at the present moment only with reference to the men, taking a large depôt, such as Colchester; the men there have all these privileges which you have mentioned afforded them, not one of which they had thirty years ago; the men are all free, say, from two o'clock in the day till nine, a period of seven hours, and out of 2,000 men in the camp, a third, say 700, go down into the town every afternoon and evening; and the question arises, what can those men be doing in Colchester from two o'clock till nine every afternoon; for, as I understand, you cannot prevent that?—No.

6380. If there are no means of preventing it, and you can suggest nothing to change that system, *quoad* the soldier, you must go over to the women?—Yes; that is quite my view.

6381. You can do nothing more for the man. You give him his professional work to do in the morning, and then he has his amusements and occupations in the way of reading and recreation rooms?—Yes; and there is another element to be mentioned, which is the new system of canteens. The canteens are now managed by the officers of a regiment, and a sub-committee of the men themselves. All the articles bought are of the very best quality, and they are sold at cost price, infinitely below the market price in the shops, and to such an extent has this been carried that I have received a great many representations from persons living in the adjacent towns to say that all that class of tradesmen are being ruined by the military canteens. This offers another inducement to the soldier to remain in his barrack, and to take advantage of all that is provided for him there.

6382. I do not see how the regulations with regard to the men can go farther?—No.

6383. They are compelled to be in barracks at a certain hour of the night, but they are free during seven hours in the day, and any further regulations, supposing the men to be subjected to periodical examinations, must appertain to the women?—Yes.

6384. The question arises as to how far we should venture to go in urging upon the Government an extension of this Act, for instance, by registering the women of the town, and at all events carrying that out rigorously. Should you approve of that?—Yes.

6385. We might hope to do some good by such means?—Yes; by pushing that regulation to its limits I think you may do something; but in any attempt to oblige a man to tell from whom he took the disease, you must not expect to succeed, for they will not do that.

6386. *Dr. Balfour.* As an old commanding officer, do you not think that the system of medical inspection was extremely unpopular amongst the men?—Yes; at least I do not know that exactly—not extremely unpopular, because it came to them as a matter of course; they were so habituated to it; I might say that it was distasteful to them.

6387. Would not the reintroduction of that system operate upon the re-engagement of the 10 years service men?—No, I do not think so; in fact I believe that a man accustomed to it does not care in the least about it; I think that a man who has gone through it all along cares nothing about it any more than to go to bathe in a state of nudity.

6388. Do you think that it would have any influence upon the recruiting?—I do not think that the men would know it.

6389. With your knowledge of the habits of soldiers would any advantage result from increasing the facilities and accommodation for ablution with the view of checking the spread of the venereal disease; and do you think that soldiers coming in at night would be inclined to take the trouble to wash themselves?—No; but they have every facility afforded them now; they have baths in their barracks, and ablution rooms, and in many instances they have foot-tubs.

6390. It has been proposed to fix a small tap in the urinals to enable the men to wash themselves.—I see no objection to that.

6391. Do you think any advantage would result from it?—Yes, cleanliness certainly; but a soldier is a curious fellow, he does not take much trouble, and I think that the Government have done everything in the way of ablution rooms and baths.

6392. Have you served in India?—No; but I have been in the West Indies, in Bermuda, and in Canada.

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6393. Have you any personal knowledge of the operation of the system of inspecting prostitutes in Malta or Gibraltar?—No.

6394. Were there any special regulations in operation in the West Indies while you were there?—None at all, nor in the Ionian Islands either, none at all. Nothing would be so advantageous, if you could carry it out without great difficulty, as the registration of the women.

6395. An extension of the provisions of the Contagious Diseases Prevention Act would, to a great extent, meet your suggestion, by enabling the authorities to lay hold of women suspected to be diseased, and to put them under treatment in an hospital until they were cured?—Yes.

6396. I suppose you would wish the Act to be extended to all garrison towns and camps?—Certainly.

6397. I believe the Act has not yet been brought into operation in the camp at Aldershot, in consequence of there being no Lock-hospital there?—No.

6398. To whatever station the Act was extended, you think you must there provide Lock hospital accommodation?—Yes; I should recommend a very great extension of Lock hospitals—at the present time they are extremely limited; there are a certain number of beds provided, but really where there are a great number to be treated, they are almost nothing at all—there are eight or ten beds, which are almost quite useless.

6399. Is it necessary to have any enactment to enable the military authorities to get rid of the prostitutes who camp out in the bush, as it were, at Aldershot and in the Curragh?—No; you could do that upon all Government ground, because in all those camps and cantonments the War Office property is considered in the character of a barrack yard, and the general officer commanding can turn anybody in the character of a vagrant out of that ground.

6400. Then it would be advantageous to have instructions issued to commanding officers to get rid of these women?—They do so as much as possible—I have heard a great deal about that at Aldershot, and it is almost impossible to do it, because it is an open camp; you may ferret them out of one place, and they will come in at another, and you would have the whole force occupied in maintaining a cordon to keep them out.

6401. Do you know much about the camp at the Curragh in this respect?—I have been there several times, and I know that things are very bad there too.

6402. *Mr. Quain.* I suppose you think it important that the police in the neighbourhood of any places to which soldiers might be permitted to resort should also have control over such women?—Yes; that would be an assistance also; and in fact, anything that would deter at all would be advantageous.

6403. It has been stated in evidence before this Committee that in India the native troops have much less syphilis than the Europeans, because they are married in greater numbers. Do you think it would be practicable in the British army to allow a larger number of the men to be married?—Unless you opened the gates entirely, and allowed all the men to get married, I do not think that any increase in the regulated number would do any good, on account of the very great expense which accompanies it. I can mention a curious incident in connexion with that. There is a curious anomaly in our Regulations, which is, that the same number of women who are allowed to reside in a barrack are not allowed to embark on board ship, and accompany the regiment abroad—that is to say, fewer are allowed to embark with a regiment than are allowed to live in barracks, and the consequence is, that when a regiment

goes abroad, it has fewer women with it than the regulated number. I should mention that the women abroad receive rations, and the Commander-in-Chief was extremely desirous of assimilating the number of women that were allowed to embark on board ship to those that were allowed to live in barracks, and allow them to go to any foreign station with the regiment. It has been proposed several times to the War Office, but it has always been rejected, because it appears that by allowing a few extra women to embark with each regiment, when going abroad, as they would receive rations at the stations to which they went, it would cost the country 20,000*l.* a-year; the difference in the number would be very trifling—just the difference between six per cent. and eight per cent.

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6404. I think you stated that, in your experience, the men had submitted to the examination, and that the surgeons did periodically examine them to see whether they were or were not affected with venereal disease?—Yes.

6405. At that time was there any examination of the women?—None whatever.

6406. Do you believe that if the men knew that the women were regularly inspected, they would be more likely to submit to examination without murmuring?—Possibly—it is perhaps human nature to suppose that; but I must say that during all the time that I commanded a regiment, whether it was that it had been so completely the practice I do not know, but I never heard myself an expression of distaste to it. I never heard such a thing as the men refusing, nor has a surgeon or an assistant-surgeon ever reported a man for refusing to be inspected, or hesitating to be inspected.

6407. *Dr. Wilks.* Have you ever known medical officers to grumble and express a dislike of the practice?—In my own experience I never heard an officer object to it. I have frequently seen the men in the barrack-rooms at the time of the inspection. I have been passing through at the time, generally on the Saturday afternoon.

6408. The married men, I believe, were excluded?—Yes; it was a very rapid examination, and the men were always cleaned beforehand.

6409. *Dr. Balfour.* Are you aware that the inspections were discontinued in consequence of a strong expression of opinion by Lord Herbert's Commission upon that subject?—Very likely.

6410. And in consequence of a strong feeling existing among the medical officers against it?—Yes; but I think it arose suddenly. I believe the fact was, that the medical officers of the army had got into a morbid state of grievance, and all sorts of things were taken up, and this among the rest.

6411. I think you will find that a great number of medical officers doubt very much whether any benefit arises from these inspections, or at least as they were formerly conducted?—If they were properly conducted, and carefully conducted, I think that they must have been advantageous.

6412. *Dr. Babington.* Do you think that any alteration could be made in the amount of leave given to the men, or in the frequency of their muster?—That I think would be very distasteful to them, and that is rather a subject of complaint, because, although the Chairman says that from dinner-time until tattoo a man is free and can go where he likes, practically it is not quite so, because there is always an afternoon check roll, and there is frequently a little drill. A great number of the men are recruits, and there are awkward squads and drills going on, and, therefore, a man is not quite free—there are so many musters.

6413. They are always obliged to come in at night, and to sleep in the barracks?—Yes.

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6414. Is leave given to them sometimes to stay away?—Frequently; and unfortunately it has been found practically better to give a man leave for the whole night than for half a night, because he gets into trouble. His pass might extend, say, until twelve o'clock at night—he is out with his friends, or wherever he goes, time passes away, and he does not come in at the time his pass mentions, and then he is punished for overstaying it; having overstayed one hour, he says, I do not care, I may as well go the whole time, and then he gets into trouble.

6415. *Chairman.* Do you think, as a rule, that the captains and subalterns exercise that extent of moral influence over their companies that might be expected from men of a superior class and better education, and that they exercise proper authority over the men?—That is a question entirely of individuality; you cannot bring any rule to bear upon that.

6416. *Dr. Donnet.* As inspections have now fallen into disuse in the army, the men, from carelessness, neglect the diseases they contract, and allow them to take hold upon their system; could any inducement be held out to the soldier by his commanding officer to present himself for medical treatment on the first appearance of the disease?—As far as that goes, if a man conceals his disease, he is subjected to punishment; but that depends more upon the medical officer of the regiment than upon any other influence. If the medical officers manage to reach the minds and good feelings of the soldiers, they create that feeling amongst the men that they will go readily to the doctor, and say "Doctor, I am not right." But of course all that depends upon the medical officer.

6417. *Mr. Spencer Smith.* Do you think it would be advisable to inflict any punishment upon men who had concealed the disease by stopping their pay, or any other punishment of that kind?—Yes; I think it would be very advisable.

6418. Do you think it is fair that the time they spend in an hospital with a disease contracted by their own vice should be reckoned as part of their service, and might not some check be put upon their bad habits by not reckoning that time?—That is a very difficult matter.

6419. More difficult than the stoppage of their pay?—Yes; you might stop so many days' pay from the men, or so much out of their pay, but in reckoning their service it would become a very intricate matter to have to reckon so many days lost by their own neglect, and to have proof, and so on.

6420. Are not these statistics generally kept?—Statistics are kept of men who are confined in prison, but not of those who are in hospital; of course the Hospital Register would show how long any man had been in hospital under treatment, if you wanted to know that.

6421. You think that some punishment might be inflicted?—Yes.

6422. *Dr. Babington.* Have the men in barracks the means of making private ablution?—Yes; in their baths they have.

6423. Are there places where the men could practise ablution by themselves?—Yes; there are baths.

6424. *Mr. Spencer Smith.* But the water, I suppose, would not be laid on at night when they came in?—No.

6425. A tap might be always kept running without trouble or inconvenience, but the baths could not be kept open?—Yes.

6426. *Dr. Balfour.* To enable you to inflict a fine upon a soldier, or to make any stoppage from his pay would involve an alteration in the Mutiny Act?—Yes; you cannot touch the pay without that.

6427. *Mr. Spencer Smith.* You spoke of the manner in which you had seen the examinations made, but the Committee has been informed that the examination as it is now made in the Guards, is conducted in a very much more decent manner, that is to say, that no man is exposed before

his comrade, that he simply lets his trousers down as he passes the medical officer behind a screen, no one being present but the medical officer and himself. Do you think that any complaint could be made of that?—On the contrary, I think it is a very good plan, and I think it would mitigate any feeling of dislike that might exist. I can assure you that I have seen the men on parade when the bugle has been sounded; they call out "Surgeon's Inspection," and away they all run up to their barrack-rooms like schoolboys leaving the play-ground. *Sir R. Airey.* 20 Oct. 1865.

6428. Do you think that the powers of the Act should be increased to the extent of retaining women in hospital until they were perfectly cured?—Certainly.

6429. Do you agree with some of the witnesses who have been examined here as to the unfortunate position of most of the barracks in the towns where they exist: several of the witnesses have stated that the men are much more exposed to temptation and solicitation than they need be if the barracks were in a better situation?—That is the case generally, but you must recollect that it is the barrack that brings the community round it; if you build the barracks three miles off from all these low brothels and low public-houses and dancing rooms, people will come and begin to build round them, and after the lapse of a certain time you will find that exactly the same things will exist in the new position.

6430. Is there any further observation that you desire to make with a view to improving the Act?—I should certainly extend it to the registration of women, and that they should not be permitted to leave the hospital until they were perfectly cured.

The witness withdrew.

Friday, 27th October, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair*.
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
MR. SPENCER SMITH (*Secretary*).

William Allingham, Esq., F.R.C.S. (Surgeon to the Great Northern Hospital, Assistant-Surgeon to St. Mark's Hospital, and late Surgeon to the Farringdon Dispensary), examined.

6431. *Chairman.* What office do you hold?—I am surgeon to the Great Northern Hospital, assistant-surgeon to St. Mark's Hospital, and I was lately surgeon to the Farringdon Dispensary. *Mr. Allingham.* 27 Oct. 1865.

6432. In which of those institutions have you come much into contact with the diseases of children?—In both of the institutions I have mentioned, and in fact in all of them; but my investigations as to hereditary syphilis were conducted more at the Farringdon Dispensary and at the Great Northern Hospital.

6433. Which has been the chief field of your investigations?—I think I have had about an equal number at the Great Northern Hospital and the Farringdon Dispensary. I retired from the Dispensary in the latter part of 1863, or the early part of 1864, and the cases which I have seen since have been at the Great Northern Hospital.

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6434. How long were you attached to the Farringdon Dispensary?—About four years.

6435. And during that period you saw a good deal of the diseases of infancy and childhood?—Yes; I saw a great many cases.

6436. And amongst the rest a considerable number of cases of hereditary syphilis?—Yes; I saw a good many altogether.

6437. Is it your opinion that hereditary syphilis is, in any sense, a common affection among children?—Not very common.

6438. Have you made any statistical records as to the percentage of those cases?—I have not; I say hereditary syphilis is not very common, because I find that I have only treated 48 cases in the years 1862, 1863, 1864, and up to the present time.

6439. Had you treated any cases prior to 1862?—Yes.

6440. You had treated many cases of hereditary syphilis in your practice during the whole period of your connexion with the Farringdon Dispensary?—Yes; and in other institutions.

6441. As far back as 1856 had you any difficulty or considerable difficulty in distinguishing cases of hereditary syphilis in infancy?—Yes; undoubtedly.

6442. With what other maladies were you liable to confound them?—I think when there was a generally cachectic condition, accompanied by some forms of eczema or impetigo, I was sometimes in doubt as to whether the case was specific or non-specific.

6443. Where you did correctly discriminate the presence of hereditary syphilis in infancy, what mode of treatment did you adopt—say, from 1856 to 1862?—I treated the cases with some form of mercury.

6444. What form did you adopt?—I generally gave mercury with chalk internally; but I sometimes used what is called Brodie's bandage; a flannel bandage on which mercurial ointment was spread, applied round the waist or leg.

6445. Was that mode of treatment successful?—It was not very successful, and that induced me to consider the subject more particularly.

6446. Can you give the Committee some idea of the extent to which it was unsuccessful; was it that the children under treatment did not recover, or that they required a longer course of treatment?—Yes, it was unsuccessful, I think, in both respects; and also as to the frequency of relapses.

6447. Are you prepared to express any opinion as to the mortality which attended the cases you treated from 1856 to 1862?—I cannot say that I am; I can give you the rate of mortality out of 23 cases, but not of any more. I did not always keep an account of them, but I was struck with the great rate of mortality. In the year 1853 I was clinical assistant to Dr. Griffiths at St. Thomas's Hospital, and observed 17 cases treated with hydr: cum cretâ: of these nine were cured, four died, and in the remainder the result was not known. During 1856 and 1857 I treated ten children, and the result was seven cures and three deaths. These are the only specific data that I have with regard to cases which have come under my own observation, and in which hereditary syphilis was treated with mercury.

6448. The mortality having been, as it struck you, upon the whole, large, and justifying the opinion that the treatment had not been eminently successful, I will now pass on to the year 1862; did you then alter your mode of treatment?—Yes; that was when I began to treat hereditary syphilis without mercury at the Farringdon Dispensary.

6449. You were not surgeon to the Great Northern Hospital at that time?—No; I was appointed to that hospital in 1863.

6450. What occurred in 1862 to induce you to alter your mode of

treatment?—It was a general reflection upon the unsatisfactory nature of the treatment which induced me to look into the matter, and to seek out authorities in order, if I could, to find what had been the percentage of deaths in a considerable number of cases. I found that it was very difficult to obtain many satisfactory statistics, but where I could get any statistics of cases which had been treated with mercury alone, I saw that the deaths had been very considerable—as considerable as I had found them. Feeling dissatisfied with that mode of treatment, and looking at the general condition of the children, that they did not appear to require mercury unless I believed that mercury was an antidote to syphilis, which I did not, I came to the conclusion that they would not be so well treated with mercury as with some other medicine.

6451. The statistics which you obtained also left the impression upon your mind that treatment by mercury was not pre-eminently good; can you mention the sources from which you obtained those statistics?—I am sorry to say that I have not kept an account of all the sources from whence I got the cases, but I may mention the following: most modern English authors upon syphilis; the medical journals generally; foreign journals and authors, viz., among others, Hebra, Baerensprung, Ricord, Bassereau, Herman, Diday, and Schmidt's "Year-Book."

6452. Am I right in thinking that the inference you deduced from your investigations was that the rate of mortality had been much the same as in your own practice and in the practice of Dr. Griffiths, the details of which you have given us?—Exactly so.

6453. I think you stated that there were nine recoveries out of 17 cases; that four died, and the rest you lost sight of?—Yes.

6454. And you were dissatisfied with the results of your treatment?—I was.

6455. In 1862 you commenced a new mode of treatment?—I did.

6456. Will you be good enough to state what the new principle was?—The principle of the treatment was to sustain the general constitutional powers. I had no specific; I gave chlorate of potash more often than any other remedy, because I thought it was a remedy which the general condition of the children seemed to call for, as a repairer of their blood and tissues. In some cases when they appeared to be very ill-nourished, they were ordered cod-liver oil. Beef tea was usually given once or twice in the day in small quantities, according to the age of the patient; a little wine was also sometimes prescribed. They were all directed to be sponged night and morning with warm water and soap, and to wear flannel next the skin. All the patients took chlorate of potash, and some of them had, in addition, iodide of potassium in one or two grain doses, generally with tincture of cinchona. This was the general treatment that I adopted.

6457. Was that treatment founded upon your opinion that the syphilitic disease was preying upon a weakly system with impoverished blood, and that by improving the condition of the blood and raising the tone of the system at large, you could destroy the disease, which, in one sense, therefore, would die a natural death?—That is exactly what I have stated, and, almost in the same words; my idea being, that the molecular changes which take place in young children are so rapid, and the natural activity of the circulation so great, that, if the general condition of their blood could be improved, the poison would pass out of their system by a process of nature, and they would be more likely to recover than if a remedy was employed which I believed to be a destroyer of their powers, and a deteriorator of the blood generally.

6458. That is the reasoning upon which you were induced to change your mode of treatment entirely from the mercurial to the tonic?—Yes.

6459. It is a tonic mode of treatment?—Exactly so.

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6460. What has been the result of the application of that principle of treatment to the cases which have been placed under your care since that time?—It has been decidedly advantageous. I have treated a total number of 48 cases, in which there have been six deaths; there were 25 males and 23 females, and of the six deaths there were two males and four females.

6461. Can you give any reason why the six children died and the others recovered?—Yes, there were considerable reasons for that; in the first place all the children that died, with the exception of one, were under three months old, which I consider the most dangerous period; one died being over three months old, and I think that that child died of convulsions.

6462. What has been the earliest age at which you have treated these children?—Two weeks; one child was brought to me at two weeks old.

6463. Of course the former treatment refers to children of about the same age?—I should think so; I do not think there was any great difference in that respect.

6464. What reason can you give for the loss of the six children, and the recovery of the remainder; you say that the six died within three months?—Yes, that is, three months of age; one or two were under treatment but a very short time, but as they died it would not be fair to eliminate those cases.

6465. But your answer that they died within three months suggests no reason why they should have died?—I do not think that those cases were worse than the cases which got well; two died of convulsions, and two of diarrhœa, with emaciation, and one died of inanition.

6466. I presume that in the other cases there were not convulsions nor anemia?—They might have had anemia as much as the others. The following are some particulars as to direct cause of death: there were two females died in 1863; one was six weeks old, it was a bad case, with severe ulceration of the vulvæ and throat, the child could not suck and it died of diarrhœa and inanition. Another child was four months old, and that was also a bad case; the mother had rupia, and was of intemperate habits. The child was very dirty and neglected, and the mother declined to wean it. It had chlorate of potash, iodide of potassium, with tincture of bark and cod liver oil. It was under treatment for four weeks, and died of exhaustion. There was also a male two months old which died from convulsions; it appeared to be getting better as regards the syphilis. In 1864 there were two females; one was six weeks old, and it died four days after first being seen from diarrhea and emaciation; another female died from the same causes. I have not made a note of how long that child was under treatment. In 1865 there was one male child, ten weeks old, which died from convulsions, after being under treatment for three weeks; it was not a very bad case of syphilis, but the child was very weak. I do not know why the child died, or what caused the convulsions.

6467. It appears that there were special reasons connected with the state of their health why the six children should have died?—Yes; although I confess that the children that died were not one whit worse than many of those which got well; there did not appear to be any evidence why there should have been a fatal termination in those cases.

6468. Are you satisfied with the tonic mode of treatment?—I am decidedly satisfied with it.

6469. Do you consider it is decidedly superior to the treatment by mercury?—I cannot help thinking so.

6470. So much so that in any number of future cases you would adopt

it in preference to treatment by mercury?—I certainly should feel myself justified in doing so.

6471. What has been the average time that the cases have been under treatment?—The average duration of the treatment has been 46 days, speaking now of those which recovered; and 22 days in the cases in which they died.

6472. The average time in 42 cases was 46 days?—Yes, one case was under treatment 65 days; the child was five years old, but in that case there was interstitial keratitis, and iritis as well.

6473. How soon after you had commenced this mode of treatment did the children appear to show signs of improvement?—Very shortly sometimes, and sometimes they seemed not to improve so rapidly. If they did not visibly improve, after taking the medicine for a fortnight, I added small doses of iodide of potassium.

6474. Did you do that frequently?—The number of cases was not very many; some 10 or 12 cases perhaps out of 48.

6475. Had you any opportunities of seeing the children after they had been treated?—Yes, many of them, and I have notes of six cases of relapse which came under my own notice.

6476. How soon after the first treatment did they occur?—Some months; one, I think, was more than a year afterwards.

6477. With what degree of intensity?—Nothing like the previous intensity; the attacks were milder, and the children speedily recovered.

6478. How long were they under treatment the second time?—Not more than three weeks. I think one was under treatment 15 days, and then the child appeared well. In two cases the relapse was simply local; the children only had condylomata, with no rash,—nothing but mucous tubercles round the anus—they were not so cachectic and exhausted as they were at first.

6479. As a rule could you trace the disease in the children to either of the parents?—I could do so, certainly.

6480. Could you say, in general terms, that you did so in all cases?—No; I have seen cases in which apparently both the father and the mother were healthy, but yet there was what I should call a suspicious history, although I could not bring it home to them.

6481. The result of your experience of the treatment of hereditary syphilis in infants would lead you decidedly to prefer this form of treatment to that by mercury?—Decidedly.

6482. I presume you consider that the syphilitic disease is tractable by the use of such agents as will positively improve the health and constitution of the children?—Yes; I suppose one may say tractable.

6483 That it is so far amenable to the influence of such agents, that out of 48 cases 42 have been cured?—Yes; they have recovered.

6484. Including those cases in which the children had relapses, but from which they also recovered shortly?—Yes, speaking of those that came back to me; there may have been others that I knew nothing of.

6485. *Mr. Cock.* In tracing these cases back to the parents, are you able to state whether it was to the father or the mother, or to both?—I have some records to show that, but not here. I think it was most frequently in the mother; but I have seen the father diseased, and the mother appear to be healthy.

6486. If the father was diseased, do you suppose it was communicated to the mother through the fœtus?—In the majority of the cases I thought it was that the fœtus had been contaminated through the mother; but I have seen the reverse.

6487. Did you meet with some cases in which you could trace no disease to the father?—Yes.

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6488. *Dr. Donnet.* Were all the cases of death among the children, in your opinion, attributable to the syphilitic disease?—I do not know actually that they were; they were generally the result of exhaustion and diarrhœa.

6489. Were all the children affected with syphilis?—Yes; undoubtedly they were.

6490. Did you make any *post mortem* examinations?—No; I never had an opportunity of making one.

6491. Have you treated adults for syphilis?—Yes.

6492. Are you in the habit of treating adults now?—Yes; but I do not treat them in the same way as I do the children.

6493. What treatment do you adopt for primary and secondary syphilis in adults?—In primary syphilis it is my practice not to give any mercury; but in the secondary affection I usually do give the bichloride of mercury with iodide of potassium in small doses. I have no series of cases of secondary syphilis in adults which have been treated without mercury.

6494. Why do you use the mercurial treatment in one instance, and the non-mercurial treatment in another?—For the reasons I have given before; I believe that in young children the processes of change go on so rapidly that the poison would be eliminated if you kept up the stamina of the child, and improved the blood; and in an adult I do not think it is unreasonable to suppose that the same conditions also exist, although you may require to increase the process of elimination; but you rarely have that amount of cachexia in adults which you have in children. I have but infrequently seen syphilis so bad in adults, that is affecting the constitution so severely, as I have in children.

6495. Do you consider mercury essential in the treatment of syphilis in adults?—No; not as an antidote to the poison. I use it as a general eliminant. I do not give it in primary syphilis, and I do not believe that any amount of mercury given for primary syphilis will prevent the secondary evolution or rash. I administer it in the secondary stages, because I believe it shortens those stages, and, in fact, that it assists in the elimination of the poison.

6496. Is it your practice to support the system in the treatment of adults?—Yes; with bark, and perhaps iron.

6497. *Mr. Quain.* How did the relapses come to your knowledge? Were the children brought to the dispensary?—Yes; the children were brought again to me at the dispensary, or to my private house. As I felt interested in the subject, I took pains to induce them to bring the children again to me. I always gave them my card.

6498. When the patients got well, and treatment was discontinued, did you generally not see them afterwards?—No; I saw most of them afterwards, but poor persons in London are so migratory that they are in one part of the town during one month, and elsewhere in another.

6499. Did you register the number of times that you saw the cases which were cured, and not reported as having relapses, and the times when you saw them after treatment had ceased?—Of a certain number of the cases I did, but not of the majority. I have never seen the majority of the cases.

6500. Of how many cases have you reports?—I have had an opportunity of observing some cases, but I cannot tell you now. I do not think I have had an opportunity of noticing for any length of time more than nine or ten cases. I have generally been able to induce them to come to the dispensary or to the hospital for a few weeks after I gave up the treatment, just to see that they did not relapse within a short time; but I could not get the people to come for long; when the

children got well, the parents would not lose time by bringing them any more. *Mr. Allingham.* 27 Oct. 1865.

6501. Has the chlorate of potash in your hands any effect upon the skin or the urine, or any other obvious effect?—No obvious effect.

6502. Are the symptoms of the disease under that mode of treatment speedily relieved, as sometimes occurs under the mercurial treatment?—Yes; I have observed that they are sometimes relieved with wonderful rapidity. I have reported some cases which have improved in a week or ten days most marvellously.

6503. You have stated that some children of five years of age have come under your treatment, one having had inflammation of the eye?—Only one of five years of age.

6504. In that case were the cornea and the iris affected?—Yes.

6505. Did that child get well under the same treatment?—Yes; but the cornea remained slightly hazy after the treatment was discontinued.

6506. Did you use any other remedy?—I used a solution of atropine; one grain to an ounce of water, which was dropped into the affected eye.

6507. Have you used the same plan of treatment to any extent for adults?—No; I have not.

6508. *Dr. Babington.* Will you be kind enough to state more particularly the doses which you administered of the remedies which you employed?—I always used a saturated solution of the chlorate of potash, and I gave, according to the age of the children, a teaspoonful or two teaspoonfuls. Chlorate of potash is not very soluble, I believe; and I think they would have taken from three to four grains at the outside to a dose, three or four times a-day; usually three times a-day.

6509. What dose of bark did you give?—A few minims of tincture of bark, according to age. I gave them that quantity at two weeks old.

6510. And you increased the dose, I presume, when the child was older?—Yes.

6511. How much bark did you then give?—From five to ten drops, according to age.

6512. And how much of cod-liver oil?—I gave a teaspoonful three times a-day with the medicine.

6513. How much wine?—One teaspoonful also about three times a-day.

6514. What has been the shortest period in which you have effected a cure?—I think three weeks, in one case; I think that the child got quite well in three weeks.

6515. What has been the longest period before a child was cured?—Sixty-five days.

6516. Have you seen any cases of congenital syphilis, or where a child was born with an eruption?—Yes; but in those cases I only had the history which was given of it by the parent, that the children were born with an eruption. The youngest child that I saw, of two weeks old, was said to have been born with a rash upon it.

6517. Can you furnish the Committee with any general results which you obtained by reference to any authors?—Of ninety-five cases that I found reported in various authorities, sixty-seven were cured, and twenty-eight died.

6518. Did you find that the cases were worse when the mother was affected or the father, or where both parents were affected—I mean in cases of death?—One case of death, and indeed the only one in which the mother was seriously affected, was a case in which the mother had very bad rupia, in addition to which she was a very intemperate woman.

6519. Did you trace the parents in all the cases of the children that died?—No; I cannot say that I traced them particularly in the cases of

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death. I could not anticipate that a child was going to die, and after it was dead the opportunity was frequently lost.

6520. Do you attribute any particular virtue to iodide of potassium?—No; when the children have not appeared to improve very rapidly under the chlorate of potash, I have then given them one or two grain doses of iodide of potassium.

6521. Might I ask you why you did not begin with that?—Because I wished of the two rather to try nothing that was thought to be a specific at all, not only not to give mercury, but also to use nothing that was considered a specific.

6522. Is it now your opinion that it would have been better to have begun with the iodide of potassium?—No; I do not think so—I do not think there would have been any particular advantage in that.

6523. Did it improve the children when you did give it?—Not always; sometimes they did not appear to get on any faster. I could not be very certain, but I thought it better to give it to them when they did not get better.

6524. You have stated that there were six cases of relapse?—Yes; as far as I know.

6525. Have you ever treated any cases at a more advanced age, say, at two or four years old?—No; they have not come under my observation.

6526. You have not observed perhaps the cases mentioned by Mr. Hutchinson?—Yes; I have seen those cases, but they have not come under my own treatment.

6527. Have you seen some cases of notched teeth?—Yes.

6528. Do you believe that that is a diagnostic of the complaint?—I cannot undertake to say that it is, but I think that interstitial keratitis is very characteristic of it. I cannot say that I am quite convinced as to the question of notched teeth.

6529. Have you had equal difficulties in distinguishing cases of syphilis in children from impetigo, or other eruptions?—I have eliminated the doubtful cases from those to which I have referred, and every one of the cases mentioned was a decided case of hereditary syphilis, and seen not only by me, but by some of my colleagues; the symptoms that all those children had in a greater or lesser degree were rash with condylomata, ulcerations of the mouth, and general syphilitic cachexia.

6530. There was no doubt of it in any one case?—Not in any one, I think.

The witness withdrew.

Tuesday, 31st October, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Dr. Peter Leonard (Inspector-Gen. of Hospitals and Fleets, and Inspector under the Contagious Diseases Prevention Act), examined.

Dr. Leonard.
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6531. *Chairman.* You have held your present office since the passing of the Act?—I have held it since the 21st October last year, that was the date of my appointment.

6532. Do you find that there is any difficulty in carrying out the Act?—There has been great difficulty in carrying it out; at Portsmouth the Act has been in operation since October, 1864, and no result has ensued, and this for several reasons; the first being the want of room, for no provision had been made, at the time, when the Act came into operation, for an increased number of patients. The Committee must understand that there was a Lock ward establishment at Portsmouth paid for by the Government, previously to the Act coming into operation, which had been in existence since 1856, and it was in connexion with the civil hospital there. The first patient that was placed in the Lock ward at that establishment was so placed on the 2nd February, 1856, and up to June of that year there were 79 cases admitted into the hospital; and then it was stated in a public letter written by Dr. Lindsay, my predecessor in the Royal Naval Hospital at Haslar, that there were 150 common women or prostitutes receiving charitable aid through the parish, besides the 79 who had been received between the 2nd of February and June.

6533. Is it a common state of things for prostitutes to receive aid from charitable institutions?—It is quite a common thing when they become destitute; at Portsmouth they take them into the union house and they give them assistance, and in other places they are very reluctant to do it, but they are compelled to do it.

6534. Passing over the interval between 1856 and the passing of the Act in 1864, and coming to the date of your own services and experience, are you of opinion that the Act has not been carried into operation in any respect in Portsmouth?—They have attempted to carry it into effect; but in the first place there has been a total want of provision for the increased number of patients brought in by the Act. Previously to the passing of the Act, the Lock wards were filled by voluntary cases, and as soon as the Act came into operation the police worked the place, and they sent forward women to the hospital, compelling them to go there; but they found that there was no room provided for them, and in consequence a great number who were diseased have been turned away from the want of room.

6535. That is to say no increased facilities were provided, but there was the ward which had been in existence up to that time?—Yes; there were four wards capable of containing 28 patients.

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6536. Were those wards filled?—Yes, invariably; they were filled by voluntary applicants previously to the operation of the Act.

6537. What was the condition of those wards at the time the Act was passed?—They were invariably full, and they were kept full subsequently by voluntary applicants and through the agency of the police. A promise was made that there should be some increased accommodation provided, and I therefore recommended that in the meantime 12 more beds should be distributed over those wards in addition to the 28, so as to make 40; the promise made was not carried out.

6538. The recommendation which you made was communicated in a letter that you addressed to the Admiralty some short time after your appointment, and after you had made an inspection of these places?—Yes, after I had made a general inspection of all these places; and I regret very much now that the promise was not carried out, for during the last summer the heat was most oppressive, and the wards crowded. I only suggested it as a temporary measure, in the hope that two or three more wards would be provided, but it has not been done, much to the inconvenience of patients, and one case of bad sloughing has occurred since.

6539. If I understand you rightly the Act has been, comparatively speaking, a nullity in Portsmouth, by reason of a defect so palpable as the want of accommodation?—Yes, that is the main cause of it; but they are discovering at Portsmouth that the Act is exceedingly defective.

6540. Who are discovering this?—The people of the establishment.

6541. Who are the people of the establishment?—It appears that there is a difficulty in knowing who are "the authorities" of the hospital. The Act says, in the 16th clause, that everything is to be referred to the "authorities," and there are these words, "and thereupon such Justice may, if he thinks fit, order 'the authorities' of such hospital to detain such woman in the hospital." The only authority in a Lock hospital should be the house surgeon who has charge of the sick.

6542. Would you not rather say the governors?—No; for they must be present to discharge a woman, and they cannot be there, and know nothing about the patients. They are finding these things out by degrees. I know that in some respects the Act is defective. I think it is perfectly clear that the only person who can be an authority is the surgeon of the Lock department, but he should be under the control of the Government; the Government spend the money, and he is the only person who should have the sole control of all the Lock ward patients. He should act under the inspector, whoever he may be, and my belief is that we shall never get things right otherwise.

6543. Is the house surgeon at the present time under your orders?—Not at all; I know that there is great difficulty in working with the hospital committee and with an unpaid medical staff—for, if there is a difference between the hospital committee and the medical staff, the committee are at the mercy of the staff, and they will just threaten to throw up their charge; of course if they did that, the hospital would be at an end. They have complete control over the house surgeon; but I think that the Government most unquestionably ought to have control over him—they pay 1,200*l.* a year to the Portsmouth hospital; there are other difficulties also which the Act does not provide for. The police bring the women who are supposed or said to be diseased, and when taken to the hospital before the house surgeon, the women say that they have "got the monthly;" or are unwell at the menstrual period, and they will not allow themselves to be examined; and he, instead of taking them into the hospital, as I conceive he should, on probation for a day or two, does not examine them, but allows them to go away; and this alone must render the Act nugatory. Then they say that they have no power to

keep a woman in hospital; and as the object of the Act was to compel a woman to remain in the hospital until she was cured, or for three months, it is thereby rendered of no earthly use.

6544. Will you just refer to the clause relating to the three months?—It is the 16th clause, and in the last paragraph you will find these words: "provided that no woman shall be detained under any such order for a longer period than three months." They have discovered that they cannot detain a woman at all, and the women are going away day after day.

6545. In an earlier part of the clause there are these words, "and thereupon such Justice may, if he thinks fit, order the authorities of such hospital to detain such woman in the hospital for medical treatment until discharged by such authorities, and such order shall be a sufficient warrant to such authorities to detain such woman, and such authorities shall detain her accordingly?"—Yes; and they do not know who the "authorities" are at present, and the result is that the women are now allowed to leave the hospital whenever they think proper, and, therefore, we are just where we were before.

6546. They are acquainted with the Act?—Yes; they know all about it. At the present time the women are going away, and during the last quarter there were actually 41 women who left the hospital uncured; that was up to the 30th of September last; one was turned out for being riotous.

6547. I suppose some time elapsed before it became known that the Act worked at all badly?—It worked remarkably well in the first instance, and none of these defects would have been discovered, had there been room enough and good management.

6548. Looking to the character of the women and the requirements for hospital attendance, as far as your experience has gone, which you acknowledge has not been very great hitherto, in consequence of the difficulties which exist, have you found the women, generally speaking, willing to comply with the Act, or has there been any unwillingness on their parts?—I only know that from the Police Reports occasionally; I have spoken with the Superintendent of the Metropolitan Police at Portsmouth, and he states that he has had no trouble with the women, in getting them to come forward, and that they seem to be very willing to go; the great hitch seems to have been at the hospital, in the management there somehow or other. Although the women may have discovered that they cannot be detained, yet it has always seemed strange to me why so many should leave the hospital without being cured; but, as I have stated, as many as 41 have left the hospital in the last two or three months, I cannot help thinking that there must be something wrong at the hospital. I cannot otherwise understand it; some defects in the arrangements, something that is offensive to the women. The police say that they find no difficulty in getting the women to go to the hospital, nor do I believe there is much difficulty; nevertheless the Act is perfectly useless, if they are allowed to leave the hospital uncured.

6549. I presume that your remarks apply wherever the Act comes into operation, that is to say, that the same difficulties would exist in all other places as in Portsmouth, or do they?—Not that I have heard of. There are only a few places that are certificated under the Act as yet. Chatham and Plymouth are the only other two places, and I have heard of no difficulties of the same kind at Plymouth or at Chatham.

6550. Have you visited those places and observed the working of the Act there?—Yes, I have, in casual short visits in the performance of my duties. I am ordered occasionally by the Secretary of State for War or by the Secretary of the Admiralty to visit those places before money

Dr. Leonard. is paid. I go to see whether the number of beds provided are full, and report on the condition generally.

31 Oct. 1865. 6551. Those are the only three hospitals, are they?—Yes; I have inspected the whole eleven stations; there are three in Ireland and eight in England; there are some hospitals to which Lock wards can be attached, and some places where there are no hospitals. At some of the stations where there were Civil Hospitals, the governors and managers peremptorily rejected the proposal to allow any portion of the empty space in these hospitals to be appropriated to Lock ward purposes. They assigned no reason.

6552. Do you think it would be preferable that the Lock hospital should be independent of any civil, military, or naval hospital?—I think there could be no objection to a Lock hospital being attached to a civil hospital; but most unquestionably I think it should be under the control of the Government, and especially that the house surgeon should be under the control of the Government.

6553. *Mr. Quain.* You mean the person who is sometimes called the resident medical officer?—Yes; I think he should be appointed by and under the control of the Government, and be independent of the Committee of Management and the unpaid medical staff, and the experience of the operations of the Act at Portsmouth fully bears me out. I should not object to his being a Civil Medical Practitioner.

6554. *Dr. Balfour.* And you mean so far as relates to the lock wards?—Yes.

6555. *Chairman.* I will now go a little further back in the Act, and request you to give the committee some information as to the relation between the police and the women. The second schedule says, "The information of C. D. of , superintendent of police for (or medical practitioner, or as the case may be) taken this day of 186 , before the undersigned, one of Her Majesty's justices of the peace in and for the said county of , who says he has good cause to believe that A. B. of , in the county of , is a common prostitute, and has a contagious disease." Is there any flaw in that?—Yes; it is considered to be exceedingly defective, and I believe there is no question about it. I believe that the Admiralty solicitor at Portsmouth is now in communication with the solicitor here in reference to these flaws. Some of the clauses are found to be unworkable, of which I will give an instance. If a woman voluntarily leaves the hospital, you cannot, by that schedule, arrest her and bring her back without she has been seen in a public place within the limits of the place and within a fortnight for the purpose of prostitution.

6556. That is to say, when brought into the hospital for treatment she may leave it uncured, and again entering upon the paths of prostitution you have no hold upon her?—No; so at least the authorities of the Portsmouth Hospital and the Justices there allege. Then there is another defect which I discovered on paying a visit to Colchester; there is a clause in the Act with regard to brothel keepers,—a brothel keeper is liable to a penalty of 10*l.* if he harbours a woman whom he knows to be diseased. There are only six parishes put down as in the borough of Colchester, whereas there are 16, so that in the other 10 parishes they may have brothels in all directions; I drew the attention of the Secretary of State to that, and I have no doubt that the clause will be rectified in the next Act.

6557. How do the police find out the "good cause for believing, &c."?—A man comes forward and says such a woman gave me the disease, and the police consider that that is a "good cause," and there

are many other ways in which they may obtain information. They have gone on at Portsmouth remarkably well, they have never used force, but have gone to the women and said, "you are said to be diseased, and therefore you must be examined; I will give you 24 hours to consult with your friends, but I advise you to go with me to-morrow to be examined," and they have always gone.

6558. Do they attempt to shirk it, or are they willing to succumb to the requirements of the Act when their disease has been discovered?—I believe that they are very willing to do so; it certainly is the feeling of the police about it that they are willing.

6559. Can you imagine any useful information to be obtainable with regard to these women except by inspection?—There are no means of obtaining knowledge except by inspection. I feel confident that in order to form a correct judgment there must be inspection. In my opinion there is only one mode of dealing with this matter, in order to do it properly, and that is, first, by registration, and then for a medical officer to inspect the women in order to ascertain those who are diseased.

6560. *Dr. Wilks.* Suppose a policeman suspects a woman to be diseased, what does he do, does he go before a magistrate?—Yes; and in the second schedule it says, "who says he has good cause to believe that A.B. &c., has a contagious disease within the meaning of the Contagious Diseases Prevention Act, 1864, and within 14 days before the date of this information, that is to say, on the day of was in a public place within the limits of a place to which the said Act applies," that is the whole.

6561. The original informer then would have no more to do with it?—No; if the woman is committed the policeman will have to take her to the hospital.

6562. *Chairman.* Supposing the Act to be amended, and the difficulties you have pointed out removed, that the "authorities" of the hospital were clearly defined, that ample space was provided for the accommodation of diseased women, that the house surgeon was placed under the control of the Government, and that power was given to retain the women in hospital till cured, do you think that the Act would serve a useful purpose in checking the spread of venereal disease among the class of men with whom these women come in contact?—I believe it will conduce greatly to a diminution of the disease, but I do not believe that without registration and regular inspection at stated periods, it will eradicate the disease.

6563. To return to Portsmouth, are you of opinion that if, in addition to the present Act, a system of registration and periodical examination were introduced under medical authority, it would largely contribute to diminish the venereal disease in Portsmouth?—I have no hesitation about it.

6564. You entirely approve I suppose of the regulations which have been adopted in Malta with the same object, and which appear to have been so eminently serviceable?—Yes.

6565. *Mr. Quain.* Do you happen to have considered the question of the examination of sailors who come to Portsmouth?—Unquestionably; I think that that is most necessary in the case of men coming into port, and if the Act is to be carried out properly, in my opinion, all men in the army and navy ought to be inspected.

6566. Do many merchant vessels come into Portsmouth?—Yes, a good many.

6567. I suppose they would prove a source of disease also?—Yes; but that is just a question. I do not know that you can interfere with civilians, but, if it could be done, it would be very proper to do it.

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6568. At the present time, as I understand you, it is only upon information being given that a woman is diseased that the police can interfere?—Yes; there is no other way in which they can legally interfere, but by receiving information from a person who has been infected, or from the keeper of a brothel.

6569. Who carries out the inspection of the women now?—There is no inspection made until the woman has been ordered for inspection by the Justices; then she is taken to the hospital, and the house surgeon examines her.

6570. Do you happen to know the form in which that inspection is carried out; is it done in a properly constructed place, opposite a good light, and with the aid of the speculum?—Yes; I have been very particular to enquire about that; there is always a proper place for the purpose—a chair has been made for that special purpose, and the speculum is used when necessary; but the house surgeon informed me that it is seldom necessary—the discharges are usually so abominable and so enormous that they require to use no speculum; but they do use it when it is necessary.

6571. *Dr. Babington.* What is the particular defect in the Act which enables a woman to leave the hospital at her own option?—There are no means of keeping her in it by force, and the Act is defective as to knowing who are "the authorities."

6572. You stated I think that you had visited two other places where the Act is in operation?—Yes; Chatham and Plymouth.

6573. At Plymouth how does the Act work?—It works very well at Plymouth.

6574. What amount of accommodation is there at Plymouth?—There are 38 beds, and they are always full; many are turned away for want of accommodation.

6575. Are not the same difficulties found there as at Portsmouth with reference to the Act?—No, none that I have heard of. The management is excellent.

6576. But they are not able to carry out the Act?—No; they cannot carry out the Act, because there is not sufficient accommodation.

6577. Will you be good enough to state how many beds you think are necessary in order to carry out the Act?—I have visited all the stations, and I calculate that at all of them there are 7,339 common prostitutes; in giving that number I have kept within the mark; and of that number there are 929 diseased. I argue from these premises that the Government will have to provide 1,000 beds at the least.

6578. Is the Act practically carried out at Plymouth as it is at Portsmouth by the Metropolitan police?—Yes; just in the same way.

6579. You mean the London police?—Yes; they have the same class of men at all the public establishments.

6580. Does the Act work well at Chatham?—The Act works very well there too.

6581. Is there a civil hospital?—Yes; it is called St. Bartholomew's Hospital; they have 40 beds, and in very good order.

6582. You distinguish Portsmouth, Plymouth, and Chatham from Woolwich, Aldershot, and other places?—Yes; because they are certificated; there are no Lock wards at the other places; from Woolwich they send them to London.

6583. Would not a great many more beds be requisite if the patients were to remain three months in hospital?—Yes; but it is very seldom that that is necessary; three months are specified just to keep them in until they are cured, but an average of three weeks will, generally speaking, answer the purpose.

6584. *Dr. Balfour.* I presume it would be necessary on the first introduction of the Act to have much larger Lock hospital accommodation than would be necessary after the disease had been partially reduced by the operation of the Act?—Yes; and that is just the feeling of the Government.

6585. Would there be any difficulty in erecting temporary Lock hospitals similar to the huts at the camps, and at a moderate expense?—No difficulty whatever, and I have recommended that.

6586. If that were carried out for the first year or so, you would have some basis on which to found your calculations as to the amount of permanent Lock hospital accommodation that would be required?—Yes.

6587. You have, I suppose, visited the different camps?—Yes.

6588. Have any steps been taken to give efficiency to the Contagious Diseases Act in those camps?—I am glad to say that Lord de Grey has begun to adopt a plan at Aldershot which I think will succeed very well. There is at Aldershot a police barrack which he is going to convert into a hospital for the purpose.

6589. What amount of accommodation will that afford?—There is abundance of accommodation. There are several huts that may be converted into wards, besides the main building which will contain very conveniently 40 beds; then there are two or three others that might be readily converted into hospital accommodation as required. There is another building also that I recommended should be used for segregation, in the event of delirium, or sloughing, or erysipelas, that would contain 10 or 15 beds.

6590. How soon is this arrangement to come into operation?—I cannot say; but I have seen the place, and approved of it.

6591. Up to this time nothing has been done at any of the camps to carry out the Act?—Nothing whatever, excepting preparatory inspections.

6592. Therefore it is at present a dead letter?—Quite so, it has not been carried out, partly because the time has been short and the thing new. They have discovered, as I have before stated, at Portsmouth, that they cannot keep the women in the hospital, and therefore the Act is nullified, and we are no better than we were before; they used to take them to the hospital before without the aid of any Act at all.

6593. *Mr. Cock.* You have stated, I think, that the Act works much more efficiently in Plymouth and at Chatham than at Portsmouth; but I do not quite understand why?—There have been no complaints of the same kind that I have heard of about the difficulty of keeping the women in hospital. I do not know that it works much more efficiently in Plymouth and Chatham, owing to the scanty accommodation, but I believe there has been no difficulty in keeping the women in hospital, or at all events they do not leave the hospital as they do at Portsmouth.

6594. *Chairman.* Probably the question as to the "authorities" has not been raised?—No, and I believe that may be partly the reason; but the management is decidedly better.

6595. *Mr. Spencer Smith.* In the event of the Act being improved and all your suggestions carried out, do you think that the present class of men in the police are well fitted to carry out the Act?—Yes; there is no question, I believe, about the metropolitan police being the most efficient.

6596. Ought not men who are married to be selected, or men of a certain age, or very well conducted men?—I should approve of the policemen who were appointed for the purpose being men of good character. I think a certain number of such men should be selected for the purpose, and I should be very glad to see that the Justices of the Peace employed, and Examiners or Inspectors under the Act were medical men. I may mention this to the Committee as something of consequence, that in some

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places you cannot very well depend upon the magistrates even, for they have houses of this description which are their property. Justices of the Peace own property in houses, and although they do not do it themselves, yet they let these houses to persons who occupy them as public houses, and as places for brothels. I therefore think it would be a very good plan, under these circumstances, if, in such places, there were stipendiary magistrates to perform all the duties required under the Act, and I see no reason why a stipendiary magistrate should not be medical. I do not see why a doctor should not be an Inspector or Examiner at a Station, and a Justice of the Peace at the same time.

6597. You mean independently of your appointment?—Yes; that he should be inspector for the place and perform the duty of examining the women, visit their houses, and look into their state of health occasionally, and pass them, as the Justice, to hospital. I believe that they would materially facilitate the operations of the Act, and lessen the disease as well as the difficulties that the police and all others have to contend with.

The witness withdrew.

(Since this evidence was given, the Committee has received information that a new ward is in progress of erection, as a permanent addition to the Hospital at Portsmouth, under the orders of the Lords of the Admiralty.)

Charles Robert Drysdale, Esq., F.R.C.S., M.R.C.P., and M.D. (Physician to the Farringdon Dispensary), examined.

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6598. *Chairman.* Will you be good enough to state to the Committee what opportunities you have had of studying hereditary syphilis in infants?—I have taken great interest in the subject for many years, and I have seen a considerable number of cases of hereditary syphilis, both in the Dispensary with which I have been connected, and also for a time in Paris for about a year; at the Children's Hospital there I saw a large number of cases, at least a comparatively large number; but it is not a common disease in my experience.

6599. Can you give the Committee an idea of how many cases of syphilis you have seen in infants?—I have notes of only about 35, going over a period of about nine years; but I have seen more cases than that.

6600. Have you found any difficulty in discriminating or diagnosing such cases?—Sometimes I think there is a difficulty, and at other times the case is very plain.

6601. With what cases do you think these may be confounded?—I think they may be confounded with the eruptive diseases of children, some of the skin diseases of children.

6602. My question applies especially to cases of hereditary syphilis, and I believe you have been in the habit of treating such cases without mercury?—Yes, I have, entirely without mercury.

6603. Should you say, upon the whole, that your treatment had been successful?—I think it has been very successful, and more so than I had thought it usually was, considerably more so.

6604. What do you mean exactly by "it usually was?"—I mean what invariably takes place in my experience, that syphilis and mercury are combined, that is, wherever syphilis is seen, as a general rule in practice in London, or elsewhere, mercury always follows. I had never seen a case treated without mercury until I treated it myself.

6605. What induced you to forego the treatment by mercury?—I had examined the question for a long time—for two or three years—I went over the whole of the evidence, and I collected it for myself; I went over all that had been done on both sides which I could find in books, and I

found, as far as I could see, that there was no proof that the disease had been at all benefited by mercury; on the contrary it always seemed, when a large number of cases were taken together, to have been injured by it. *Dr. Drysdale.* 31 Oct. 1865.

6606. On these grounds you avoided the treatment by mercury?—Yes; and it was entirely from reading a large number of works upon the subject that I came to that conclusion.

6607. Will you be good enough to state the mode of treatment which you adopt in all cases?—For some cases I give chlorate of potash in doses of two grains to an ounce of water; but latterly I do not know that I have made use of any particular treatment, except giving castor oil, if required, or any common medicine, such as rhubarb and magnesia, &c.

6608. You do not adopt the treatment which has been recommended by some authorities, that of employing tonics?—I have never known exactly what a tonic meant at any time.

6609. You know I presume what is meant by such remedies as bark and steel, animal food and wine, which have the general repute of increasing the strength of individuals?—Yes.

6610. Am I to understand that you have not had recourse to these agents in the treatment of hereditary syphilis?—No; only cod liver oil, except chlorate of potash.

6611. Do you infer, as a general rule, that those remedies will cure cases of hereditary syphilis?—I think so, with the exception of little external applications when requisite, and surgical treatment if requisite.

6612. To what external application do you allude?—Nitrate of silver to local sores, bathing, great cleanliness, and good food.

6613. The treatment you have adopted appears so simple that it would be interesting to see any record or any statistics which you might lay before the Committee; have you any record of any cases that you have treated with cod liver oil and chlorate of potash?—Yes.

6614. Of how many cases?—I think altogether about 15 or 16.

6615. You have not then recorded all the cases that you have treated; you have mentioned I think about 35?—I have not recorded them all in detail. I stated I think that I had notes of about 35 cases, which have been treated in all ways.

6616. Including the mercurial treatment?—Yes.

6617. What should you say was the average period during which an infant would be under treatment up to the time of its cure?—The average of the 16 cases would be rather a small one; but I should say about a month and a half.

6618. That would be about 45 days?—Yes; about that.

6619. Have you observed that children so treated have been the subjects of frequent relapses?—I saw one case of relapse the day before yesterday; a case which I had treated three years ago in the way I have described; in this case there were some small ulcerations at the anus. Many other children have looked delicate, but I do not recollect any of them having a relapse of the eruption.

6620. May I infer that you do not altogether approve of the treatment adopted by your colleagues at the Farringdon Dispensary, that you do not concur in it?—I entirely concur in what they have done.

6621. They have stated to this Committee that they administered tonics, bark, steel, cod-liver oil, wine, and animal food, and it was stated by one gentleman that he endeavours to raise the tone of the system by tonic treatment—do you agree with that?—Yes; I agree with that, as far as the food and the bark go, and although I do not agree with the others, it is because I do not often understand the action of these things. I do not wish to say that I hold any great faith in tonics, because I believe that the patients will get well without them.

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6622. Have you no faith in a remedy that creates an appetite?—Quite so; but I think that an infant generally gets on better if treated with good milk and food than almost anything else,

6623. Do you treat a child at all through the mother?—No; I, of course, keep the mother's health as good as possible, if she is suffering from ill health.

6624. What quantity of cod-liver oil do you administer to a child?—About half a tea-spoonful three times a day.

6625. Upon the whole you prefer that treatment to any other treatment that you have seen adopted by any one, whether mercurial or tonic?—Yes; because it appears to me to be less fatal, and to be simple.

6626. There is no merit, so far as I know, in simples unless they are successful, and you would not, I presume, employ a remedy because simple, but because being simple, you found it efficient?—Yes.

6627. *Mr. Quain.* Have you seen a good many cases of hereditary syphilis in infants treated with mercury?—Yes; I have seen a good number.

6628. In London?—Both in London and in Paris.

6629. Have you any records of those cases?—I have records of thirty-five cases.

6630. That were treated with mercury?—No; there will be the difference between sixteen and thirty-five—about eighteen or nineteen.

6631. Of cases that have been treated with mercury?—Yes.

6632. Have you any record of the mortality in the nineteen cases?—I believe that about four died out of the nineteen.

6633. In your own cases that were treated without any mercury, what was the mortality?—One died, and I almost think that another one is dead. I have not heard anything of it.

6634. How do you get an account afterwards of the cases you treat yourself—are the infants brought to the hospital?—I ask the parents to bring them for a year or two afterwards.

6635. Have all the cases, or the majority of them, been brought to you which have been recorded?—All the cases of which I have notes have been brought to me, the others have been discarded as of no value.

6636. You have seen a much larger number of cases, but it is only those which you have recorded that you are satisfied with?—Yes; those are all I have kept notes of.

6637. At what periods of time after your treatment have you seen the sixteen cases?—At periods varying from one year to three years.

6638. Upon the whole are those sixteen children, with the two exceptions you have mentioned, now in fair health?—Yes; most of them, and some of them exhibit those teeth which Mr. Hutchinson has remarked upon.

6639. What is their general condition?—Some of them are quite plump and well.

6640. Have any of them traces now of hereditary syphilis?—I think that in three or four cases the teeth are very well marked.

6641. But independently of the teeth, referring to their general health, have they eruptions on the skin, or any remains of the disease?—I have not seen anything.

6642. In the cases that you have seen have the mothers generally been diseased or not?—In some cases they have, and in some cases they have not.

6643. Have you seen mothers of diseased children who themselves have never been diseased?—Yes.

6644. Have you supposed that the disease in that case was contracted from the father?—Yes.

6645. When the mother is diseased, do you subject her to any treatment?—Yes; I should take care that she was placed under the best hygienic influences.

6646. That is to say, that she should eat and drink well?—Yes; I think so.

6647. Should you give the mother no medicine if she had appearances upon her of what are commonly known as secondaries?—No particular medicine, except general medicine, such as we administer usually in low states of health, one might be inclined to give that to a person who was not well, but no specific; for example, if a woman were pregnant, of course in that case I should treat her as one does a pregnant woman—that is, I should take care that her health was good.

6648. Suppose she was suckling a child?—Then I should say that the better health she had the better, and the best way to get good health is to eat, adopting the usual means of getting good health, whatever they they are.

6649. You mean by hygienic means?—To a great extent I think so.

6650. Would you let that diseased woman continue to suckle the child?—Yes, I think so; but perhaps it would be considerably better to find a strong woman to do it.

6651. Do you observe in your practice occasionally little shrivelled old-looking babies suffering from hereditary syphilis?—Yes.

6652. How soon do those little patients appear to get better under your treatment; is there a marked improvement soon visible, or is it at more advanced stage?—It takes place in about a month; they gradually nourish up then.

6653. They do not improve much before a month has elapsed?—No.

6654. *Dr. Wilks.* Did you ever use mercury?—Yes; I did before I thought of the other.

6655. Did you observe any good effect produced by it even though but for a time?—At that time I did not pay so much attention to the causation of it. I merely gave it because it was the practice, and I think most people did the same.

6656. Your impression was that the patients were no better for it?—I have seen them lingering on for a long time, I have seen them get better, and I have also seen them die.

6657. Do you believe that chlorate of potash has any curative effect as a medicine?—I do not think so—at least I have not remarked any great difference when I treated with it, and when I left it off.

6658. Am I to gather, from the tenor of your evidence, that you believe the disease tends to get well of itself?—I think it sometimes tends to get better, and at other times I think it tends otherwise. If you get a case very early, say, a child of a fortnight or three weeks old, I think they generally die, but if you get one at three weeks old or a month, they usually seem to get well.

6659. Is there any advantage in the children coming to you, or would they not do as well at home?—I think that at home they would be ill-treated, by having injurious things given to them.

6660. The great good that you do then is rather a prevention of ill-treatment?—Yes; I think so.

6661. Of course the disease has a tendency to get well of itself in the majority of cases?—I think that is so.

6662. Your great reason for treating cases in this way, or by any treatment, was on account of the ill-effects produced by mercury?—The analogy was very strong from adults, and I wished to see whether it was the case in infants. I had always heard it said, especially by one gentleman, who has written a very elaborate work upon the subject, that

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if you did not give mercury the child would die. I wished to try it, and I found that was not true, and I thought it was an important fact to know.

6663. You can state very positively that that is not the case?—I think that that is evidently not the case from the cases of which you have heard from Mr. Allingham and Mr. Dunn.

6664. *Dr. Babington.* What was the earliest age of the children at which you commenced to treat them?—In none of the cases to which I have referred was the child younger than about three weeks.

6665. What was the age of the oldest?—The oldest was about eleven months.

6666. How long did you watch those cases afterwards?—I watched them till about the third year.

6667. You have spoken of several cases of notched teeth in children, were there any other signs?—Yes; I remarked that they had scars at the side of the mouth—they are common.

6668. I suppose they would be about three years old when they had notched teeth?—Yes; I have seen some even four and five years old with notched teeth.

6669. *Dr. Balfour.* Do you treat adult syphilitic patients in the same way as you treat children?—Yes; always.

6670. I presume you are acquainted with Rose's writings on syphilis?—Yes.

6671. Did he prove incontestably the possibility of treating syphilis without mercury?—I think so.

6672. Have you treated a sufficient number of cases to feel justified in saying that treatment without mercury is equally rapid in curing the disease as treatment with mercury?—From the cases that I have seen it appears to me that the relapses which take place, and which are not uncommon, are never of any great severity: and as to the time, that appears so very much a matter of individual circumstances, that I do not think it possible to say anything about it. I think that the relapses are infinitely milder and of very little importance in most cases.

6673. In treating by mercury the cases to which you have referred, to what extent did you push the use of it?—I was a pupil of Ricord's for some time, and I used to give his usual dose—a pill of one grain of iodide of mercury twice a-day.

6674. Did you push it to salivation?—No.

6675. What was the indication which led you to stop the treatment?—I never could find it. I do not know what the indications were. Ricord told us that we should give it for six months.

6676. Whatever the effects upon the constitution might be?—Yes; and that that would give the person the best chance of escaping from the sequelæ.

6677. I presume you know that that is not the treatment which has been followed generally in this country—I mean giving mercury for such a length of time?—I have not been able to find out the standard of treatment in this country—it has been broken up into so many standards, and I do not know exactly what is the orthodox treatment now.

6678. *Dr. Donnet.* Have you ever seen exfoliations of the bones?—Yes; I have.

6679. To what do you attribute the disease of the bone?—I have seen it frequently; but I must say that I have not seen it in cases where mercury was not given. I have not seen bone disease when it was not given.

6680. Do you suppose that mercury alone will produce those effects?—I have no doubt that in the mines of Almaden you would find cases of

that kind, but I do not mean to say that it is the mercury alone that does it. *Dr. Drysdale.* 31 Oct. 1865.

6681. Would you say that the syphilitic poison had an active part in the production of these diseases?—Yes; I have no doubt of that.

The witness withdrew.

Friday, 3rd November, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair*.
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

John Turner Caddy, M.D. (Surgeon in the Royal Navy), examined.

6682. *Chairman.* How long have you been in the navy?—Twenty years and upwards, eighteen and a-half on full pay. *Dr. Caddy.* 3 Nov. 1865.

6683. What proportion of that time have you been afloat?—I have been very much afloat—all my time as surgeon has been afloat.

6684. Where have you served?—My first service was as assistant-surgeon at Port Royal, Jamaica; my next service was in a troop ship which took me to many stations, Hong Kong, Rio Janeiro, the Mediterranean, and the West Indies again.

6685. Have you served in England?—I served at Cork for nearly three years.

6686. Have you seen much venereal disease in the Navy?—A good deal in proportion to the sick list I have had.

6687. Are you a mercurialist in treatment?—Decidedly, where I cannot get the sores healed by the ordinary means; if a sore comes to me which I have my misgivings about, I give it a certain time, and if it does not heal I consider I have a sore needing mercury.

6688. Have you found secondary or constitutional disease more severe in the tropics or out of the tropics?—In the tropics most decidedly, especially tropical Asia.

6689. Have you on any occasion treated the natives of India for venereal disease?—None of the natives of the East Indies; I have treated negroes.

6690. Have you found them much more liable to constitutional syphilis than Europeans, or less liable?—My experience with blacks has been small in proportion to my experience with whites; I can only call to my recollection one case of secondary or constitutional disease in blacks.

6691. One case out of how many?—Out of a good many; he was of Asiatic extraction.

6692. Am I right in inferring that your opinion runs in the direction of the non-liability to constitutional disease in the blacks as compared to the white?—No; I have not had sufficient experience with blacks on

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shipboard to enable me to say; but I think the black is just as liable to constitutional affection as the white man, as is seen in its ravages amongst aborigines.

6693. Do you consider that syphilitic disease prevails largely in the navy at all stations where you have served?—Yes, I do; but it is much to the prejudice of the seamen that the selected experience of the medical officers from different stations is not accessible to the body, collectively, by the publication of the Blane Medical Journals. The intentions of the founder were that the journals "may prove a source of much valuable information, not only for the interests of the Navy, but of the community at large; while it will open a source of liberal and useful intercourse between the members of the different public professional institutions of the empire, provided some degree of publicity should be given to them."

6694. When I say "largely" I mean to an extent very injurious to the service?—Most certainly.

6695. You would therefore consider it to be a great object to limit it, and to arrest its progress if possible?—Yes.

6696. If you had it in your power to adopt any measures which your judgment dictated as most desirable for that purpose, what would they be?—In the first place I would have periodical examinations of the men—I would have them examined before going on leave and on return.

6697. Supposing a ship came home and was paid off, should you consider it necessary to subject the sailors to examination prior to their going on shore?—It would be a safe plan certainly, because the disease might have escaped your vigilance after leaving the last place you were at.

6698. Supposing the ship had returned after a three months' voyage?—Such voyages are very rare; I have been out 69 days, but it is not often the case that a ship is so long at sea.

6699. You would examine the men before going on leave and on return to the ship?—Yes; and on return to the ship, more than once.

6700. How soon after returning to the ship would you again examine the same man?—A week after.

6701. What other means would you suggest should be adopted with a view to arresting the progress of the disease?—The instruction of the men by the surgeon with reference to ablution after connection.

6702. Supposing those men frequent places not possessing facilities for ablution, there would at all events be ways and means of applying urine to the surface if they could not get soap and water; you would recommend that?—Yes; I have generally advised the application of spirit either pure or diluted.

6703. What other suggestion would you make for the purpose of preventing the spread of the disease?—I think there should be on board ship some recognised place of privacy in which the men when they came on board from leave might practise ablution of the non-exposed parts of the person without observation. Then I would advise that the sailors should be amply provided with towelling. At present in a sailor's kit there is no such word as "towel." The men use as towelling the Osnaburgh which surrounds the slops supplied to the Paymaster, which they buy of the Paymaster. Another suggestion I would make is that there should be Barracks established for Sailors, with a rotation of home and foreign service.

6704. Should you consider mental occupation a desideratum?—Certainly; there should be wholesome recreation of all kinds without the ship,—that is to say in the Barracks. I would give the man an opportunity of living with his family.

6705. What is the relative estimate of married sailors and unmarried

ones?—I am not acquainted with any statistics upon the point, but I know that in any ship in which the men set apart a certain proportion of their pay for their wives and relatives, you find that the men are much better conducted — they have ties that bind them to the service and make them regular. I have heard officers say that the best crews they get are those from the west of England, because the men there are more or less linked with a respectable class of women.

6706. With a view to preventing the spread of the disease among the men what course would you propose to take with regard to the women?—I would establish Lock hospitals for diseased women in our sea ports; but I see no reason why the provisions of the Contagious Diseases Act should not be extended throughout the United Kingdom by having Lock wards in the Union Workhouses; and I would have the women who are driven by disease and destitution on the parish authorities visited by inspectors independent of the Poor Law authorities and Boards of Guardians. I have seen the working of that on a small scale during the earlier days of my professional career.

6707. Would you propose that the women should be registered?—No; I would have no registry of women; any woman known to be diseased should be taken cognisance of by the police, examined, and treated for the disease. I do not think there would be any necessity for registration. The women who were diseased would be soon found out from the men themselves.

6708. *Dr. Donnet.* In the ships in which you have served, what accommodations were provided for the purpose of cleanliness?—In the last ship I was in, which was commanded by Captain Edward Tatham, I saw more attention paid in respect of fresh water than in any other ship have ever been in.

6709. What were ne accommodations provided in that ship?—Occasional screens rigged on the main deck, accessible to the men at periods chosen by the commanding officer.

6710. Was the vessel a steamer?—Yes.

6711. Did you distil your own water?—Yes.

6712. Have you been on board any ship since the issue of the Admiralty Circular of the 21st of July relating to washing arrangements?—No, I have not.

6713. In the ships in which you have served have you made it a practice to examine the men for the purpose of ascertaining whether they were affected with venereal disease?—I have made it a general rule when a case of illness of any kind came before me to say "let me examine your privates, my man;" and very often I have detected disguised venereal disease.

6714. When the men went on leave did you ask to examine them?—No; neither before leave nor after return. There were no periodical examinations.

6715. Have you found the men conceal their disease?—Very much indeed.

6716. Have you found the provision made by the 32nd Article of the Naval Discipline Act sufficient for punishing the men for concealment of the disease?—I have not known it put in force for concealment.

6717. What is your opinion of Sailors' Homes?—I think they are very good institutions indeed.

6718. Do you find the seamen frequent these Homes?—Some do and some do not.

6719. Is it the good men who frequent them?—Sober men frequent them, certainly.

6720. Do you think they are a check upon immorality?—Certainly; because there is no brothelism mixed up with them.

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6721. Would you recommend that they should be established on the same principle as soldiers' institutes, where the men could get coffee and other things cheaper than they do at seamen's homes?—No; I do not think anything will ever do except Barracks under a proper staff of recognised officers.

6722. Do you propose that these barracks should be for men on leave or for men paid off?—For men enlisted into the service. I would let them pass through one common portal where they could learn habits of cleanliness and acquire self respect, and see good examples set them.

6723. Have you any suggestion to make with regard to the creating of a higher *morale* among the seamen?—I think it must begin with the barrack, which would afford the men the means of rational recreation without the ship; and I would give the men the same opportunities within the ship to the greatest extent to which they can be given in barracks. For instance, in the last ship I was in there was a place devoted to the men on the main deck where they could read the periodicals, which produced the best possible results; the men always thronged the tables.

6724. *Mr. Quain.* With regard to the working of the Contagious Diseases Act have you found it in operation in any of the sea ports?—No; I have not seen it in operation.

6725. When you speak of the necessity for lock hospitals and putting the women into them to be treated for the disease, you speak on general principles only?—I have seen the working of a system at Aden under the old rule of the East India Company, and I have seen the working of the same system at Tahiti under the French, from which the best possible results flowed. At Aden, with a population of 20,000, the refuse of India on the one side and Africa on the other, and where there was a good deal of syphilis, the women of the camp were examined once a month, and those found diseased were all treated. At Tahiti any woman known to be diseased would be taken to a detached hut within the precincts of the naval hospital, and there found in medicine and diet until cured. It worked with the best possible results; there was no difficulty about it whatever.

6726. At Aden were the women taken up on information?—No; they were periodically examined once a month.

6727. At Tahiti were they examined at certain times?—Any woman known to be diseased would be communicated with and desired to attend at the naval hospital. I saw one instance of it myself; one day when I was with a French officer we saw a poor woman terribly diseased, and the officer told her that she must go to the hospital, which she did, and glad she was of such a resource as that.

6728. At Tahiti then, unless some information has been given, or it is supposed that a woman is diseased, no action is taken?—If a woman is supposed to be diseased she is examined. Unless a woman is supposed to be diseased there are no periodical examinations.

6729. Do you know whether the French soldiers or sailors at Tahiti are periodically examined?—I do not know.

6730. Is there much venereal disease at Aden?—There is a good deal of syphilis, but it is usually tractable; and secondary symptoms I was informed rarely supervened if the primary were dealt with in time. I had the advantage of seeing Mr. Steinhauser, the surgeon there, who wrote two very able reports on the place, which were published in the Bombay Medical Journal.

6731. With respect to Tahiti were the men in your ship more or less diseased after leaving there, than after leaving other ports?—I had a small ship's crew at Tahiti, not more than 180, or something of that sort.

6732. Is the disease very severe at Tahiti?—Yes; I recollect one or

two officers who contracted the disease from a woman who was very severely diseased; but of course my observation was limited from the small number of men and officers in my ship.

6733. Do you after leaving one port and going to another examine the men?—No; I have not myself taken the initiative because I felt there was a prejudice against it amongst the men; but whenever a man has come to me sick, with whatever ailment, I have said to him "let me examine your privates" and it has always been acceded to. I have often detected disease that way.

6734. *Dr. Balfour.* From your last answer am I correct in inferring that you think there would be difficulty on the part of the men in carrying out a systematic periodical examination?—No; I do not think there would be any whatever when once the order came from the Admiralty.

6735. Is there at present any penalty attached to the concealment of disease among the men?—None, except that by the 32nd Article which Dr. Donnet referred to; but I do not think that any penalty should attach to a man diseased; I would leave it to the medical officers to detect disease by periodical examinations.

6736. Do you think there is any disadvantage in punishing a man for the concealment of his disease, that punishment being inflicted after he had recovered?—I think with periodical examinations you might abolish it altogether. We should bear in mind that a sailor's life is one of privation throughout—he conceals the disease from ignorance of the consequences of it, and perhaps from antiquated habit.

6737. *Mr. Spencer Smith.* Do you propose that the Barracks which you suggest should be established, should be open to the voluntary entrance of the men?—I would make the entrance compulsory, most decidedly, I would give the sailor his barrack in the same way as the soldier has his; it would be something for him to look to on returning home. At present the sailor is without a home, having a nationality only—I would give him some tie at home.

6738. When a ship is paid off the men are free, are they not?—I would let him go to the barrack as the soldier. Supposing a ship (as Her Majesty's ship "Iris") is 70 days coming from Australia, the men must be in a state bordering on scurvy from having lived so long on salt meat. At present when the ship is paid off what do many of those men do? They fall into the hands of crimps and the greater part of their money is spent in drink; whereas if the men had barracks to go to where they could see good examples before them, they would be greatly benefited both physically and morally.

6739. How could you force the men to enter barracks who do not enter the service for ten years but who only volunteer for particular ships, and over whom you have no control when the ship is paid off?—The course of events is now gradually tending towards our having continuous service men only.

6740. *Dr. Balfour.* Would not such a system as you recommend of barracks for seamen, if carried out in the manner you propose, involve a considerable increase in our navy?—No; I do not think it would, it might involve a certain increased expense, but expense is a small matter compared with the importance of keeping our men. The late American struggle has shown us the high price of men, when as much as 160*l.* sterling has been given for a man, notwithstanding the flow of emigration into the country. We cannot rely upon European emigration to supply us with men: we employ mercenaries in the East Indies and negroes in the West. The paymasters' books would show the average servitude between the ages of 15 and 25; from that age up to 65 the amount of average servitude is small. It has been my lot to witness, I

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may say in all ships I have been in, a great proportion of young men between 15 and 25, but I have lost sight of the old men: the question is what becomes of them. It is my impression that there is a small amount of average servitude got out of the men at man's estate. That the periodical panics in not getting sailors for ships is a sanitary question, and not depending on the popularity of captains appointed to command. The degenerating circumstances of shipboard life are foul atmosphere from the men's privies tainting the forecastle, and often carried by means of windsails beneath the awnings to the deck below; unrenewed breathing air between decks; the use of salt provisions, with the absence of the dessicated potato; the daily washing and moisture of ship's decks; the absence of fresh leavened bread for the men at sea (such is supplied by shipboard bakeries to the seamen of the French Imperial Navy); the inroads of syphilis influencing much sickness; too often, the abuse of alcoholic drinks when on leave; the absence of barracks for the men, with a rotation of home and foreign service. It is my impression, if the Paymasters of sea-going ships were to render returns of the average servitude of seamen at every ten years of their career, commencing at twenty, the average servitude would not exceed ten years. If there is such a passing population through the navy, the amount of sickness which the medical statistics yearly show must be considered a very severe trial on the health and longevity of men. At present the increment to the population of the British Isles does not balance the exodus by deaths and emigration.

6741. *Chairman.* Do you think much depends upon the moral influence of the medical officer over the sailor?—A great deal.

6742. Cannot he exercise a very potent authority by kindness and by the assurance that the well being of the sailor was the only motive for the advice given?—Certainly; he has to listen to the complaints of the men whether real or imaginary, and if he addresses the men with kindness he possesses very great influence indeed with them. It is no part of a surgeon's business to be a censor. If a man comes to him after drinking, it is not the surgeon's business to rebuke him; it is his province to give him kindly advice. A surgeon who carries out his mission that way will always be respected, and have great influence with the men.

6743. *Dr. Wilks.* How far do you consider that that influence goes?—My influence with the men themselves is moral influence.

6744. *Chairman.* That moral influence you think desirable if it can be obtained?—Yes. Some men will avoid the surgeon while others will seek him, and it should be the aim of the surgeon to induce them to regard him as their friend.

The witness withrew.

Tuesday, 7th November, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Mr. Henry Guy (Superintendent of Police, Portsmouth Dockyard), examined.

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6745. *Chairman.* You are Superintendent of the Metropolitan Police stationed at the Dockyard, Portsmouth?—Yes.

6746. How long have you held that office?—Three years.

6747. You were in office at the time the Contagious Diseases Prevention Act came into operation?—Yes; the first information laid under the Act was the 3rd of December, 1864.

6748. Is there a difficulty in carrying out the Act as far as you have seen its operation?—There is a difficulty.

6749. What is the number of prostitutes in Portsmouth?—There are 500 prostitutes in Portsmouth, Landport, and Portsea, and 100 in Alverstoke, which includes Gosport.

6750. Where is the hospital to which those persons are taken?—At Landport.

6751. You are only entitled to a portion of that hospital?—Only to the Lock wards of the hospital.

6752. And those Lock wards contain how many beds?—Forty. When the Act first came into operation, it contained twenty-eight, then they were increased to forty.

6753. Have they ever been filled?—They have.

6754. Have they been filled under the Act, or by volunteers?—I should say two-thirds have been filled under the Act, and the other third by volunteers. That would be about a fair proportion.

6755. Is there a difficulty first of all in finding out those women who are diseased, and, secondly, in taking possession of them?—No; there is not.

6756. Will you describe what is the proceeding you adopt?—The practice we pursue is to go to the military and naval hospitals, and question the patients suffering from venereal disease as to where they contracted it, and through whom. The constables then satisfy themselves that the woman is a common prostitute (the Act requires that), and question her without giving up the name of their informant, and if they are satisfied that there are reasonable grounds to believe that she is diseased, within the meaning of the Act, information is laid and notice served on her, when she generally elects to accompany the constable, or to meet him at the hospital. It sometimes happens that the girls inform upon each other; but this information cannot at all times be relied on, and generally requires confirmation. It is done from spite very often. All upon whom informations have been laid, and notices have been served,

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have attended the hospital except five, upon whom warrants were obtained under the 13th Section of the Act. The number upon whom informations have been laid is 530, and out of the 530 all have attended voluntarily, except five.

6757. Since December?—Yes.

6758. Out of the 600 prostitutes?—Yes; we could have laid more informations, but we knew that there were not beds for them. Upon a girl leaving the hospital before being cured, information has been sent to the Admiralty Solicitor, who has received instructions to prosecute in all those cases under the 17th Section of the Act. In one case a conviction took place, the girl being sentenced to fourteen days. In the other, the girl did not appear, the magistrates having heard the case in her absence, and refused to convict. In the first case the objection was raised that the "authority" of the hospital was not sufficiently defined; but the magistrate overruled that objection, and convicted the girl, and sentenced her to fourteen days. In the next case, which was on the 19th of August, the girl was summoned before the magistrates at the Portsmouth Petty Sessions for wilfully leaving the hospital in a state of disease, in contravention of the 17th Section, and before she was discharged by the surgeon. The magistrates would not convict, and stated that their reasons were that no person was named in the "London Gazette" as the authority of the hospital to prosecute. The case was heard in the absence of the defendant, she having refused to attend. Fresh information having been obtained by the police from a soldier that she had given him a contagious disease, a notice was served upon her, and she was admitted into the hospital, from which she again absconded before being cured. We have had during the last month fourteen girls abscond from the Landport Hospital in a state of disease.

6759. Then in fact the law is inoperative?—It is, in consequence of the magistrates not being satisfied who the authorities of the hospital are. It is of no use laying informations; they will not convict.

6760. Do the women abscond secretly or boldly?—They declare to the nurses that they will no longer stop in the hospital, and are determined to leave, and they take their clothes and go. There is no constable at the hospital to prevent them.

6761. Is there any other difficulty in the working of the Act which you can refer to?—Yes; my experience tells me that the girls who go to the hospital voluntarily should be liable to the same regulations as the girls who are admitted on notice by the police; that is, that they should be bound by the same regulation to stop till they are cured. Such is not the case now, so that if a ship comes into port with a lot of sailors, they leave the hospital, though they are only half cured, and the police cannot touch them.

6762. Then in point of fact the restrictions with regard to women in the hospital only apply to those who are taken there under the Act?—That is so; those who go voluntarily, as they did before the Act came into operation, can leave when they think proper.

6763. I think you said that there were twenty-eight beds for volunteers before the Act came into operation?—Yes; there is an addition now of twelve more beds, but all those twenty-eight beds are not now filled by volunteers; we fill them ourselves.

6764. If there are vacant beds at the present time, those beds, if there are not any cases for them under the Act, are filled by volunteers?—Yes.

6765. The evil which at present exists is, that those who come voluntarily into the hospital do not consider themselves under the Act, and are at liberty to leave whenever they please without being liable to any punishment?—Yes.

6766. And you consider that, if that difficulty were got over, it would be a matter of some importance?—Yes; it would be of great importance.

6767. Have you found any other difficulty arise in the working of the Act?—I do not know of anything else—nothing has arisen. We find that the 15th Section works remarkably well; it is under that that we lay our informations. There is one point upon which the magistrates differ, that is, the latter part of the 13th Section, which provides "that if a woman does not appear on notice being served on her, and it is shown to the justice that the notice was served on her a reasonable time before the time appointed for her appearance, or that reasonable notice of such adjournment was given to her (as the case may be), the justice present, on oath being made before him substantiating the matter of the information to his satisfaction, may, if he think fit, order such woman to be taken to a certified hospital for medical examination." The girl has, under the 15th Section, the power to elect to go to the hospital, or to appear before the magistrate; and if she does not do so, some of the magistrates are satisfied under the latter part of the 13th Section with the first information which we give; others think that the information should come from the man to whom the disease is alleged to have been communicated, who should attend and substantiate the matter to their satisfaction before they grant a warrant. As a rule, under other Acts of Parliament, the magistrates generally grant the warrant upon the informant swearing that, to the best of his belief, the information he has received is true. We should find great difficulty in getting the men to come forward in those cases. Out of the total number of 530 cases, there have been only five cases in which we had to obtain warrants, and in all the five cases the magistrates granted the warrant upon our information without requiring any other. It is a question very likely to arise, and, therefore, I have taken the liberty of mentioning it.

6768. Are you of opinion that supposing those small objections to be removed, there would be any difficulty as regards the women. Do they manifest an unwillingness to come under the operation of the Act, or is there a disposition on their part to avail themselves of the hospital as a resource against the disease?—You may find isolated cases of unwillingness, but, as a rule, the disposition is to avail themselves of the hospital.

6769. They go to the hospital apparently with good will?—Yes; one of the greatest proofs of it, I may mention, is this: when the constable serves a notice upon a girl, he says, "You may go with me if you like now, or you may meet me to-morrow morning if you do not like to go now," and she generally meets the constable the next morning, and he goes with her to the hospital, and if the surgeon is satisfied that she is diseased, he procures an order of detention under the Act, and she is detained then and there without going before the magistrate at all. So quietly is it done that scarcely any of the inhabitants know anything about it, because my men are always employed in private clothes.

6770. You stated that fourteen girls left the hospital during the month, can you assign any reason for that?—You cannot rely much upon what persons of that class tell you (some of them are truthful, but where they are thoroughly abandoned, no reliance is to be placed upon them); but I hear from my men that those women do say that they are not properly treated; they have said that the diet was not good. I cannot say what truth there is in that. It comes from a class of people whose statements should be received with a great amount of suspicion.

6771. Does not a great deal depend upon the character of the surgeon, and the kind or unkind manner in which he treats the women?—A great deal depends upon the manner of the surgeon.

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6772. You say there have been 530 cases, and that there are 40 beds: some of those cases have been readmitted, I presume?—Yes; for instance, since the Act has been in operation, one woman has been examined six times upon six informations laid against her by us as being diseased, and she was admitted four times out of the six.

6773. And retained in the hospital till her presumed recovery?—Yes. Another woman was examined six times; she was found diseased three times, and three times not diseased. Another was examined six times; she was found diseased five times out of the six, and not diseased once. Another had five informations laid against her; she was found diseased each time. Then another was examined five times, and admitted three out of the five. Out of the total number that have been examined more than once, three have been examined six times, two five times, eight four times, nine three times, and twenty-one twice. 537 cases have been examined, and out of those 537 cases, 306 have been detained for treatment. Of the remaining 231, the greater part have been examined and pronounced free from disease. Others have not been examined in consequence of not being in a fit state, and others have absconded. If a woman has her monthly courses upon her, our surgeon will not examine her, and will not detain her; and also if a prostitute is found in the family way, even if diseased, he will not detain her.

6774. He applies the law according to his own views of it?—Yes.

6775. *Dr. Balfour.* Does he require any further evidence than the woman's own statement that she has her courses upon her?—As a rule, he generally takes her statement; I do not think he examines her. Two cases of the kind occurred yesterday. Mary Ann Knight and Emma White, both prostitutes, were found by the surgeon to be pregnant and diseased, and he refused to admit them.

6776. *Dr. Babington.* Since the Act came into operation, there has been, with 40 beds, bed accommodation for 306 cases?—Yes.

6777. You said you turned away a great many for want of bed accommodation?—Not latterly; at first we did.

6778. Do you conceive that now there is enough hospital accommodation for the prostitutes in Portsmouth?—I do not think there is. I think there ought to be more.

6779. How much more do you think there ought to be?—My opinion is, that if we had from fifty to sixty beds altogether, we should have enough. There is one thing which perhaps might lead me to come to a wrong conclusion; the surgeon discharges the cases remarkably quickly; the average time is about eight days.

6780. *Chairman.* He is a civil surgeon?—Yes.

6781. *Dr. Babington.* Are there in Portsmouth and the neighbouring places any women that live by prostitution besides those 600?—There are a large class in the neighbourhood of Portsmouth to whom the Act would not apply. We have no doubt about their being prostitutes, but we could not prove them to be common prostitutes.

6782. What is your definition of a "common prostitute?"—A "common prostitute" we look upon as a woman that frequents public places, and, to a certain extent, solicits prostitution.

6783. Have any of the women questioned your power of dealing with them on the ground that they were not common prostitutes?—In no case. We always make that a point to enquire into first, before laying the information. They generally admit it themselves; and if they do not admit it themselves, we satisfy ourselves by finding out where they frequent.

6784. The 600 includes all those, you think?—Yes.

6785. How many of those 600 live in brothels, and how many live in separate lodgings?—Nearly the whole of the 600 live in brothels.

6786. How many brothels may there be?—We fancy in all about 200. I am not quite positive upon that; but my men, of whom I have made enquiries, have come to the conclusion that there are about 200. *Mr. Guy.* 7 Nov. 1865.

6787. What is the largest number of girls you have known live in one brothel?—I think the largest number we had was thirteen; that was in a place called Havelock Place, running out of Portsea.

6788. Did any of the girls say that they were unkindly treated in the hospital?—Some of the girls have made statements of that kind to my men.

6789. I mean apart from bad treatment, medically speaking; I mean unkindly treated by the nurses?—No; the principal complaint was that the diet was insufficient; and they also spoke of the surgeon using an instrument which caused them pain; but whether that was the fact or not I do not know.

6790. *Dr. Balfour.* In the event of your receiving information that a woman whom you did not know to be a common prostitute, had communicated the disease to a soldier, would you take any steps?—No; the Act would not permit us.

6791. Do you think it would be advisable, and, if advisable, do you think it would be possible, to introduce any clause into the Act, or to pass an enactment, prohibiting a woman from plying for prostitution in the streets?—No; I think very little good would result from such an enactment. The appearance of a prostitute always indicates her calling. A soldier or a sailor knows at the first glance what she is.

6792. Do not you think it is frequently the case that when a man is returning to barracks, perhaps rather more than half drunk, he is laid violent hands upon, and walked off by the woman?—No doubt.

6793. Would it not be possible, by any enactment, to prevent that to some extent, at all events?—I very much doubt whether you would do much good by any such enactment.

6794. The police have power to clear the streets of women plying for prostitution, under the Police Act, have they not?—Yes; but that does not apply to the borough; it only applies to the towns. If a prostitute is found in the streets in any of those towns, unless she is disorderly, she is allowed to remain. Our jurisdiction is extended there merely for the protection of Government servants and property, and we have nothing to do with carrying out the local laws.

6795. Do you think that to make the provision, as to the power of the police with respect to women plying for prostitution in the streets, applicable to the entire neighbourhood, would be attended with any advantage?—I should think not at present.

6796. *Mr. Cock.* Have you any difficulty in getting information from the soldiers and sailors as to who the woman was who gave them the disease; do they always know who the woman was?—No, they do not. A man will say, "I would tell you, but I was so drunk that I should not know who it was."

6797. A man may have had connection with two or three women in the course of a week; how do you overcome that difficulty?—The constables generally ask the question, "Are you satisfied it was so and so?" The man sometimes will reply, "Yes; I did not have connection with any other woman." But if he says, "I have been with three or four," they have to use their own judgment as to which one to select.

6798. Must it not frequently be the case that you cannot get at the woman at all?—Very frequently the case.

6799. Would there be any possibility of getting from the woman who the man was who had infected her?—In two cases which have come under my knowledge, the woman has said, "Why do not you look after

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the men?" In one case a man, I think belonging to the "Excellent," and in the other a man belonging to the "Victory," a marine, were said by the women to be going about giving women the disease, they themselves being diseased; but in all those cases where I have got the information, I have gone myself, or sent to the surgeon of the ship, telling him in confidence the information I had received, and as a rule he has had the man examined and put in the sick ward.

6800. *Chairman.* Was he found to be diseased?—Yes.

6801. *Mr. Cock.* Do not you think it would operate to a great extent in preventing disease if it could be ascertained from the women who the men were from whom they derived their disease, and to punish, if necessary, the men who continue to have intercourse with women, knowing themselves to be diseased?—I think there would be great difficulty about it.

6802. *Dr. Balfour.* Have you any reason to suppose that there is much venereal disease among the workmen employed in the dockyards?—I think there is very little among them.

6803. *Mr. Quain.* Are they generally married?—As a rule they are married.

6804. *Dr. Balfour.* I meant among the unmarried men?—I do not know of any case. I never heard the staff-surgeon of the yard, when speaking of the working of the Act, speak about it.

6805. *Dr. Donnet.* Can you tell whether the greater amount of disease among the women is contracted from sailors?—I cannot answer that question.

6806. Do you find a greater amount of subjects for the Lock hospital when a ship is paying off?—Yes; that is the case at times.

6807. Does the class of prostitutes in Portsmouth live in any particular street or part of the town?—Yes; we have White's Row, running out of Queen Street; and then we have St. Mary Street, a notorious place; and then we have Havelock Place and Kent Street.

6808. Do you find that their living in particular streets facilitates the working of the Act?—I think it does; our men are enabled to find them much quicker. A soldier or a sailor says, "The girl I was with was a dark girl," or "a fair girl," or he mentions something particular about her complexion or her figure; and the constables are enabled to go to these localities and pick her out, and challenge her at once. The men make inquiries, and come to their own conclusions from the answers given, and lay informations accordingly.

6809. If a landlord knows that a woman in his house is a prostitute, is he subject to any penalty?—I serve on every brothel-keeper harbouring prostitutes a notice under the 18th Section, informing them that they are liable to a penalty for permitting prostitutes having a contagious disease to be in their houses.

6810. Do you think beer-houses and such public places increase prostitution?—I think beer-houses do.

6811. Do any prostitutes live in those beer-houses?—A great many do.

6812. *Mr. Quain.* Is the hospital an entirely civil hospital?—It is.

6813. Has there been any decrease, do you believe, in the disease since the Act was first put in operation?—Yes; I think it has decreased. I may explain it in this way. Before the Act came into operation, the brothel-keeper would very often harbour a girl knowing her to be suffering from disease, and who perhaps could not go out, either because diseased or from want of clothing; but still the sailors or soldiers would come to the house, and as long as the landlord got his rent he did not care. The 18th Section has done a great deal of good in that respect, because the brothel-keeper is well aware of the consequences of being

found with one of those girls. It has removed the notorious rotten prostitutes from the streets.

6814. *Chairman.* Has the constable the right to go into the house at all times?—The Act does not give him the power, but they never refuse the constable; we never meet with any difficulty of that kind.

6815. *Mr. Quain.* Are the women allowed to solicit in the street?—They do in the neighbourhood of Portsmouth and Portsea. I do not think that there is any law in those places sufficiently strong to prevent it.

6816. Would it be useful if that portion were prohibited, or the police were allowed to interfere with it?—As far as I have been able to go into the matter, I do not think any good would result from it; that is my own private opinion.

6817. Except the prevention of open indecency?—Yes, just so.

6818. Since you can only interfere with women after receiving information, do you think it would be useful to adopt any other means of finding out diseased women, such as the periodical examination of them by surgeons, such as is made in other places?—There is no doubt that a very great deal of good would be effected by that system.

6819. Have you any suggestion to offer with the view of preventing men belonging to merchant vessels, or vessels in the navy, spreading disease among the women?—I think that they should be subject to the same examination as the military. The military are all subject to periodical examination at the various barracks where they are stationed.

6820. You would recommend that those men coming ashore should be examined?—Yes; I think it would have a very good effect, if it were possible. I would examine both sexes.

6821. Are the beds of the hospital now generally full?—Yes, and they have been since the operation of the Act.

6822. Are there other cases which cannot be admitted for want of accommodation?—That will be the case sometimes; at other times not.

6823. *Dr. Wilks.* Is asking the men in hospital by what woman they got the disease, the only mode in which you get information?—There are other modes. We get a good deal of information from brothel-keepers, and we get a good deal of information from one prostitute informing upon another; but a great deal depends upon the discretion of the constable before he applies for the information.

6824. Do men who are not invalided, but who have the disease, ever volunteer information?—No; I have never known a single case. The information has been given in every case in the hospitals or in ships, or at the barracks, at the time they were patients.

6825. Is it generally known among sailors and soldiers that by giving information against a woman she would be apprehended?—It is now. There was a great deal of prejudice when we first commenced the working of the Act. They thought that we should bring them forward as informants in the case, and it took some time to convince them that our object was to get the girl into the hospital to cure her, and not to bring the sailors and soldiers forward as evidence.

6826. How do you account for so many men having the disease, and yet not sufficiently ill to be in hospital, not giving you information?—There is a general reluctance, from one cause or other, on the part of those men to give information. Some say, "No, I will not say, for I cannot say; I was drunk." You can tell from their manner that they could tell if they chose.

6827. *Mr. Spencer Smith.* Were you in London before you went to Portsmouth?—I was stationed in the neighbourhood of Greenwich, at Lee and Blackheath, for many years.

6828. Do you think the women in Portsmouth are worse characters

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than London prostitutes?—I am inclined to think that they are about the same as in all seaport towns. I have had some experience in Devonport as well. I find that the class of women in Devonport and in Portsmouth is very similar.

6829. Am I right in coming to the conclusion, from what you have said, that there are unusual difficulties with regard to this Act, in connexion with the hospital at Portsmouth?—Yes, there are; so far as applies to that hospital.

6830. If the hospital were a Government hospital, and entirely under the control of the Government authorities, do you think those difficulties would have existed?—It is almost impossible for me to say.

6831. The question about the "authorities" would not have arisen?—No.

6832. Do you think it desirable to put it under the Government authority?—I do.

6833. If you had White's Row, and St. Mary Street, and Havelock Place, under your charge, filled with prostitutes, and you had a medical inspection of those prostitutes, and the power to place them in the hospital, and to detain them there till they were cured, do you believe it would greatly diminish syphilis in Portsmouth?—I should be inclined to think so.

6834. If you had them in one spot you could control them sufficiently to arrest syphilis there to a great extent?—I think we could, I have consulted my men, who have made careful enquiries upon the matter, and they say, one and all, if the Act was more general, and if all the girls were compelled to attend indiscriminately, it would be far more satisfactory.

6835. *Mr. Cock.* I think you said that you have four constables under your immediate superintendence for this purpose?—Yes.

6836. Are they all married men?—Three are married, and one single.

6837. I presume those men are always selected for their steadiness and good conduct and temper?—They are; I have taken a great deal of care about that.

6838. *Chairman.* Have you known any instance, since you have been on duty there, of anything like misconduct on the part of any of your constables of a character that would deter women from presenting themselves for examination?—No; on the contrary.

6839. No single instance during the whole time?—No; many magistrates have quite commended the police for the manner in which they have discharged their duty. What we do is this: if there is any difficulty about a girl, we have her put into a cab, and charge the expenses to the Government, which are allowed at the end of the month; and if at Gosport we put her into a boat. There is the best possible feeling between the girls and the constables. The expenses are not great; we do not average above two or three pounds a month.

6840. *Dr. Balfour.* Have you ever had occasion to suspect any soldier or sailor of preferring a false accusation against any of the women?—We have on some occasions. It is in consequence of that that I insist upon the constable, before reporting any case to me, going and making a little enquiry in the neighbourhood, so as to get corroboration if possible.

6841. *Dr. Donnet.* Do you think that if the women were obliged to undergo an examination, they would readily come forward and subject themselves to it?—I do think so. I have asked several questions about that; and I think that if a notice were served upon all to appear at the hospital, the women would not feel any unwillingness to attend; but a girl does not like to be selected from a lot of others.

Mr. John Strength (Superintendent of Police, Chatham and Sheerness Dockyards), examined.

6842. *Chairman.* You are Superintendent of the Metropolitan Dockyard Police stationed at Chatham and Sheerness?—Yes.

6843. Were you on duty at those places prior to the passing of the Contagious Diseases Prevention Act?—Yes.

6844. How long had you been there previously?—I had only been a short time before the passing of the Act in those towns I had been in garrison and seaport towns previously some years.

6845. At what date did the Act come into force, either at Chatham or at Sheerness?—St. Bartholomew's Hospital at Chatham was certified on the 9th of June of the present year, and I then immediately put the Act in force.

6846. Is there any hospital at Sheerness?—No; we bring patients from Sheerness to Chatham.

6847. How many beds are provided under the Act?—Forty.

6848. How many beds were there prior to the passing of the Act, for venereal women?—Twenty-eight.

6849. On the passing of the Act they added twelve beds, making forty?—Yes.

6850. What is the number of prostitutes in the two places, all amenable to the law?—I should say 1000. It would be rather difficult to apply the Act to many of those at the present time, inasmuch as they are not persons connected with those low brothels, though they are common prostitutes.

6851. Where is the difficulty, if they are common prostitutes?—The difficulty lies in obtaining information whether they are diseased or not. We have little difficulty in obtaining information in the case of the lower class of prostitutes; but in the case of those persons who either occupy a room of their own, or live with their parents, it would be difficult to obtain information as to whether they were diseased.

6852. How many out of the 1000 would be included in that class you have been alluding to?—I should think from 300 to 400.

6853. Then from 600 to 700 of them you may call very common prostitutes, they being all amenable to the law?—Yes.

6854. The Act has been in operation five months only?—Yes.

6855. Has it worked well, in your judgment?—Very well indeed.

6856. How many constables have you under you?—116.

6857. How many are concerned with the working of this Act?—Two.

6858. Are they married men?—One is a single man.

6859. Are they men well qualified for the work?—Very well qualified for it; they are well conducted, upright men.

6860. I suppose it is a very delicate duty to perform, and very much open to maladministration?—No doubt.

6861. How many women have been received in the hospital since the 7th of June, under the Act?—Up to the 31st of October, proceedings were taken against 222; that is to say, notice was issued by the magistrates, upon my application, against 222. Out of the 222, 57 were found free from disease.

6862. How do you obtain the information in those cases?—Sometimes it is obtained from the landlords of the houses where they lodge, sometimes from their own companions. Sometimes we obtain information from soldiers who have become affected, but that information is not much to be relied upon; they very seldom know anything more than that it was somebody at such a place; they do not know anything about the names.

6863. Supposing a workman in the place told you that he had been

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with a certain woman and got diseased, should you take notice of that?—Yes; I should take notice of it, and follow it up to ascertain if any further information could be obtained. Though it might only affect the individual for the present, I should make further enquiries, seeing that soldiers or sailors might be infected through her.

6864. You say you get information from the landlords, secondly from the companions of the girls, and thirdly occasionally from soldiers or sailors, though you rather distrust that source of information: from which of those do you obtain the larger supply of cases?—From the women, and also from the landlords.

6865. That is under the 18th Section?—Yes. When the Act was first put into operation, the keepers of those low public-houses and beer-shops became alarmed lest the finding of any person upon their premises, in a state of disease, might affect their licence; and no doubt, if my information was correct, they despatched a number of girls whom they knew to be affected to different parts of London; but after a time they found there were no proceedings taken against them in respect of girls who had been served with notice and found diseased, and consequently they have taken confidence, and carry on their business as usual.

6866. Is there any unwillingness, on the part of girls who are diseased, to come up; what proportion of those cases is it necessary to bring before the magistrate?—There has only been one case out of the whole 222 in which it was necessary to take secondary proceedings before the magistrate: that is to say, to apply to the magistrate to order her to be taken to the hospital in consequence of non-attendance to the first order.

6867. You find the greatest willingness on the part of the women to present themselves for curative treatment when diseased?—That is so.

6868. Have you had any cases in which it was necessary to retain those women in the hospital to the full extent of the time limited by the Act?—There have been some cases where they have retained them for the three months. The doctor informed me of two cases last week.

6869. What is about the average time that those patients are retained?—About a month.

6870. *Mr. Quain.* Do you give that as the result of numbers, or from general information?—I only obtained that information from the doctor.

6871. *Chairman.* Do they conduct themselves well in the hospital?—Yes; I have not had one case where they have misconducted themselves.

6872. Have you heard any complaints of defective food or want of kind attention?—I have heard that when they have left hospital they have said to one another that they had not enough to eat when they were in the hospital.

6873. As a rule, there has been no open expression of disapproval?—None whatever.

6874. At all events, nothing sufficient to deter fresh cases from appearing when they required treatment?—No.

6875. Have you had any cases of patients leaving before they were cured?—None.

6876. Have you found that on the arrival of ships at Chatham or Sheerness, from abroad, there has been an increase of venereal disease?—No; the additional number of prostitutes that would be brought in upon the paying-off of a ship would not stop in the town more than three or four days; they would leave again.

6877. Where would they go?—Some to London, some to Canterbury, and some to Gravesend.

6878. Supposing there was a law that compelled the prostitutes of Chatham and Sheerness to present themselves once a fortnight, or once in three weeks, or once a week, at the hospital to be personally examined,

with a view to ascertain whether they were free from disease, do you think a large number of prostitutes would attend for that purpose?—I do.

6879. You think that they would not object to an examination which would give them a clean bill of health for the future?—I think they would have no objection whatever to such an examination. In fact, I believe they would be more ready to go through that course than the present, because those girls have a great dislike to being selected out singly; and if you went to a house where there were twelve of them residing, and selected six, I believe they would go more freely to the hospital to be examined than if you went and selected one and took her alone, which we frequently have to do now.

6880. Would there be any great difficulty in visiting those women in their different localities?—No.

6881. You and your men know them all, and you know their names?—Yes.

6882. What do you think would be the effect as regards the extent to which the disease might be restricted and diminished, if an Act were passed which compelled the women to be registered in the first place, and examined in the second?—I believe it would very much diminish it.

6883. *Dr. Donnet.* To what class do prostitutes in Chatham generally belong?—They are generally girls that have come in from various districts, following the troops. Many of them have been servants who have committed themselves in their different situations, and then taken to prostitution; but most of them are country girls.

6884. Do you find a great influx of women into Chatham or Sheerness when a ship is paying off?—Yes; at some seasons of the year, for instance during the hopping season, a great number will go off for the purpose of hopping, and then they will return again.

6885. *Mr. Quain.* You say that you are not able to reach a large number of women on account of the difficulty of obtaining information. Could you suggest any means by which such persons might be brought under the cognisance of the police, independently of information?—Only by their being registered and examined periodically. If they were registered there would be no difficulty about knowing their calling, and they would come up and be examined, and if found free from disease they would go about their business.

6886. Do you apply to the men who are suffering from venereal disease in the hospital in order to ascertain from whom they have received the disease?—Yes.

6887. Do you by that means obtain any great amount of reliable information?—No; sometimes we find it correct, and at other times not.

6888. Have you found any difficulty in keeping the women in the hospital during the three months?—None whatever.

6889. Is open solicitation in the streets taken notice of, and prevented by the police in your district?—I do not know. It is another body of constabulary that has charge of the district.

6890. Do you consider that it would be advantageous to examine the men in the public service, with a view to prevent their giving the disease to women?—I believe such an examination takes place at present.

6891. *Dr. Babington.* How many women have come more than once into the hospital?—I have not the exact number, but I believe there would probably be four or five cases in which I have served notices upon the women twice during the last five months.

6892. Do you think there would be any advantage in having the hospital under Government superintendence entirely?—No doubt.

6893. You have no complaint to make of the hospital?—No.

6894. Nor as far as you know have the patients made any com-

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plaint?—No; except as to diet. I do not know how far it is necessary to keep those girls on low diet, but considering that you take them away from their nests, where they have plenty of eating and drinking, it is surprising that they conduct themselves so well as they do.

6895. *Mr. Spencer Smith.* With respect to registration, are you acquainted with the mode in which prostitution is regulated in other countries?—Only by information. I am not personally acquainted with it.

6896. You think if you had the girls registered and kept in one locality, where you could always find them, and they were inspected regularly, you could suppress syphilis to a great extent?—No doubt.

6897. And you do not think they would object?—No; those girls have no very fine feelings. They are quite prepared to solicit you in the day-time or in the night-time, and they do not want to disguise the fact that they are prostitutes.

6898. *Dr. Babington.* Are they mostly living in brothels?—Mostly; there are some in private lodgings who work in the day-time at millinery, and so on.

6899. *Dr. Balfour.* Have you, since the Act came into operation, always had sufficient accommodation in the hospital for the cases that occurred?—No.

6900. How many have been kept out of the hospital for want of accommodation?—For ten days in a month we have not been able to take proceedings against girls on account of want of accommodation.

6901. How many cases do you suppose would occur in those ten days?—I should think fifteen.

6902. Then you would require accommodation to the extent of about sixty beds to enable you efficiently to carry out the Act for Chatham and Sheerness?—Quite twenty more beds.

6903. Do you think sixty would be enough?—I think so.

6904. Do you conceive that there has been any reduction in the amount of venereal disease since the Act came into operation?—Yes; there has been a very great reduction, particularly at Sheerness, and among the navy at Chatham. The number of male patients admitted into Melville Hospital, which is the naval hospital, and St. Bartholomew's Hospital, was, in June, 166; in July, 134; in August, 129; in September, 91; and in October, 121.

6905. Do you think it has decreased much among the women?—I believe it has.

6906. Considering that a decrease has taken place, do you think when the Act has been some time longer in operation, you would require so many as sixty beds for the lock hospital?—Yes; I think so, until a system of registration is adopted, or the Act is made general, because you must bear in mind that though we have every opportunity of ascertaining according to this Act the state of girls against whom information is laid, and also naval and military men, we have no opportunity of ascertaining the state of the civilian portion of the population.

6907. Have you any reason to suppose that much venereal disease exists among the artisans and labourers employed in the dockyards at Chatham and Sheerness?—I have no opportunity of knowing; but I may mention that a magistrate, who resides some three miles from Chatham, told me that a few of those young men having some small sum of money to spend, were about Chatham for two or three days, and there was scarcely one of them but what came back diseased.

6908. *Chairman.* Have you any other suggestion to offer with respect to the working of the Act?—One inconvenience at present is the delay that must necessarily take place on account of having to appear

before a magistrate. For instance, we have at Sittingbourne, which is the district for Sheerness, two court days a-week. On Monday afternoon I have information that A, B, and C, are suffering from disease. I can take no action against those individuals till the following Friday. Then they cannot attend at the hospital till Monday, on account of Sunday intervening, the doctor not being allowed to detain a woman himself more than twenty-four hours, and consequently she cannot be compelled to appear till the Monday, so that for a whole week she is permitted to carry on her business after we have every reason to believe that she is diseased.

6909. *Dr. Balfour.* Have you any suggestion to make by which that inconvenience could be got rid of?—Yes; I believe it could be got rid of by these means, that upon my receiving information that such persons are suffering from the disease, I should be empowered to order them to attend the hospital on the following day, failing which, I should apply as I now do to the magistrates for notice to be served upon them. And I have no doubt that most of them, or all of them, would attend the hospital by my order, so that there would be no time lost.

6910. In the event of their refusing to attend, would you require to wait till the next court-day, or could you apply to a single magistrate, and obtain his order?—I could obtain the order of a single magistrate; but there are very few magistrates about those wide districts. In Rochester there would be no difficulty in getting the order of a magistrate.

6911. *Chairman.* For Sheerness you are obliged to go to Sittingbourne?—Yes.

6912. *Mr. Quain.* Have you any other suggestion to make upon the subject of our enquiry?—With regard to the application of the Act to certain localities only, many of those girls, as soon as they ascertain that their names have been mentioned, make their way off to Maidstone or Canterbury, or Gravesend, where the Act does not apply, and remain there for some days, and then return to us again. Ultimately we get them into the hospital, but during the time they have been away they have been perhaps to Gravesend, where we have upon the average about 400 troops. They are constantly going to and fro from Chatham to Gravesend for rifle practice.

6913. *Chairman.* That does not show the willingness to enter the hospital which you stated existed among the women?—Those to which I have just referred would be exceptional cases.

6914. *Dr. Balfour.* That difficulty would be got over, if the Contagious Diseases Act were extended to all garrison towns?—If it were extended to those outlying spots.

6915. To all garrison towns and seaports?—Yes.

6916. *Mr. Quain.* Is there any other point which you think important to suggest?—No; I have not met with the slightest difficulty in carrying out the Act.

The witness withdrew.

Friday, November 10, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
MR. SPENCER SMITH (*Secretary*).

William Hickman, Esq. (Secretary and Paymaster of the Royal Navy), examined.

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6917. *Chairman.* Your official position has rendered you no doubt very familiar with the habits of sailors in all the various departments of the navy?—It has.

6918. You have made them matters of more than ordinary observation, and you have felt considerable interest in them for many years?—I have paid great attention to all these matters.

6919. We are anxious to make such recommendations to the Government, with regard especially to venereal diseases, as may be most conducive to the well-being of the sailor, as well as the soldier; and, first, I will ask you with regard to general ablutions on board ship: Do you consider the present arrangements on board Her Majesty's ships such as conduce to the cleanliness of the seamen?—It is only very lately—I think within the last two or three months—that the Admiralty have issued regulations with regard to the washing of the men, and their ablutions. They are now supplied with a quantity of fresh water, and there is a part of the ship appropriated for that purpose. Previously to the regulations I refer to there was certainly a great defect in that respect; the men washed in salt-water and in tubs—probably three or four washing in the same tub, and in fact it was a very great evil on ship-board. The stokers only had a bath, which they were obliged to take on coming off duty in the engine room; with the exception of those men, the others certainly had very little accommodation or means of cleansing themselves.

6920. As a general rule, you would consider the means of ablution desirable for the sake of the health of the men?—Certainly; both for their health and their morals. I think that if a man is dirty he cannot be moral. I think that a man with a dirty skin gets disgusted with himself, and careless of himself. I do not wish it to be understood that men-of-war's men are allowed to be dirty, because they are inspected every morning by the officer of the division to which they belong. The officer sees a man's throat, and his feet and face; but the washing of the body is a point which I am afraid was greatly neglected before the Admiralty issued the Regulation to which I have referred.

6921. Have you reason to believe that the Admiralty is prepared to issue orders that such arrangements shall be made on board ship for the men, that hereafter they will have opportunities for entire ablution when at sea?—I take it that such will be the effect of the last order to which I have referred.

6922. Do you think that the facilities for obtaining fresh water by distillation will be sufficient for a ship's company going a long voyage?—

Ample; even when the steam is not up, that is to say, when the ship is not under steam, a very small quantity of fuel for one boiler would be sufficient to distil an ample quantity of water for the purpose. Certainly it would depend upon the size of the engine, but as a rule it would be cheaper than buying water in foreign ports.

6923. Then the men can have warm-baths?—Yes.

6924. With regard to the direct and practical prevention of the seamen from carrying the disease out of the ship, what rules are adopted on board. Suppose a ship comes into harbour, and a certain number of the men apply for leave on shore, say, at Portsmouth or at Devonport, what regulation do you consider desirable to prevent the disease being carried from the ship to the town?—If a man has the disease, I look upon it that he would be on the sick list, and would not go on shore. If he had the disease, and concealed it from the knowledge of the surgeon, I do not know what means you could adopt to prevent his going on shore, and spreading it in any place that he might happen to go to.

6925. Would you not have all men going on shore examined?—I think it would be very distasteful indeed to the men. I do not think you could do it—the men are very chary upon that point.

6926. Suppose a vessel had come across from Cherbourg or Bordeaux, or some infected place, Gibraltar or Malta, the great probability is that, unless the men were examined before they came on shore, they would bring the disease into the town of Portsmouth, and propagate it all through the place. How is that to be prevented?—I could not suggest any practical remedy for that evil. I think that the men would very much object to being examined; but I speak without authority upon this point. Perhaps if a man had had the disease for any length of time, you would be better able to judge whether there would not be other signs upon his person which would lead the surgeon to the conclusion that he had the disease, and then the surgeon would thoroughly examine him. I must tell you that the men are examined to a certain extent, that is, their legs are looked to, and the surgeon goes round occasionally with the officer of the division to inspect the men. The sailor is dressed; but there is a great part of his chest exposed, he tucks up his trousers as far as his knees, and his legs are examined; but I think that any thorough examination of his person would be an extremely difficult thing to carry out on account of the prejudice of the men.

6927. And yet the only part of his body that one would examine, supposing that he had the disease, is that which he objects to having examined?—Yes; that is the difficulty. But supposing you did that with the men, is it not quite as likely that this disease would be carried into the town by the officers; if you examine the men, you must also examine the officers.

6928. If a man conceals his disease he is liable to punishment by imprisonment or otherwise under the 32nd Article of the Naval Discipline Act, which is in these terms: "Every person, subject to this Act, who shall wilfully do any act, or wilfully disobey any orders, whether in hospital or elsewhere, with intent to produce or to aggravate any disease or infirmity, or to delay his cure, or who shall feign any disease, infirmity, or inability to perform his duty, shall suffer imprisonment, or such other punishment as is hereinafter mentioned," and it would be of very little use to make any representation to the Government with a view to a diminution of the venereal disease, if there are no means of arresting the progress of it, or the conveyance of it from seamen coming from abroad to the women in a place like Portsmouth. You think that there would be a difficulty in examining the genitals of the men?—I think there would be great difficulty.

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6929. With regard to moral influence, to mental or intellectual pursuits, amusement, and occupation on board ship and on shore, do you think everything has been done that can be done, or do you think the present condition of the seamen in these respects is capable of improvement?—The last Report on Crime and Punishment in the Navy, proved the amount of crime and punishment abroad to be almost double what it is at home. This was considered very singular, because there can be no doubt that the gross immorality of a seaport town in England is far more shocking than anything that is to be seen abroad; the women are more profligate and more drunken, and altogether the society in which a sailor mixes here is worse than that in which he mixes out of the kingdom. I believe it was in some measure to remedy this disproportion of crime that their Lordships lately ordered that all ships abroad should be supplied with a certain number of newspapers and periodicals; the list is a very liberal one, and it includes the "Evening Mail," "News of the World," "Bell's Weekly Messenger," "Punch," "Once a Week," "All the Year Round," "Chambers' Journal," and "Good Words;" and I believe that this will have a very good effect upon the men abroad—furnishing them with the means of indulging in those mental pursuits to which your question refers. Then with reference to the ships at home, I must say that I believe they could be made more comfortable for the men, and if this were done I think it would induce them to remain on board in the evening more than they do. In some ships they have established reading clubs, and the men pay probably a penny or a penny-halfpenny per month towards them, and they play chess and backgammon, and games of that sort. There is no doubt that where these have been established, we shall find the very best effects produced. Fancy men on board a harbour ship or coast-guard ship in the evening when the officers are generally on shore. All they can do is to smoke, and nothing in point of fact can be conceived more stupid and monotonous than the condition of the men under these circumstances. To get rid of this monotony they go on shore, and when the unmarried men land they have no place to go to except a brothel or a low public house; the men in fact are almost forced into those places. Therefore, I sincerely hope we shall soon find in all harbour ships reading clubs established, and amusements introduced for the benefit of men in the evening. I also think that some commanding officers will allow the men to have a pint of beer in the course of the evening, and this, I think, will also induce them to remain on board instead of going on shore. I would not allow them to have spirits, but I would let them have a pint of beer when they are not going on leave.

6930. Supposing these men to come on shore, do you attach value to what are termed seamen's houses, or barracks for seamen on shore?—I do; I speak especially with reference to the Home at Portsmouth. I know something about that; unfortunately, however, the Home there is in Queen Street, and it ought to be upon the Hard, directly opposite to the place where the men land. Queen Street is a very low place; the Hard is more open and more convenient for the men, and there is some property there that might be bought for a small sum where the Home might be. I am sure the men would use it more frequently than they do the present one. Queen Street is at the back, and is a narrow dirty place; it is the main street, but it is very dirty and disreputable.

6931. Will you give the Committee a little information as to the barracks for seamen?—We have only one, and that is at Sheerness. I have not seen it.

6932. Is it on principle good, supposing it to be well managed?—I am inclined to think that the sailors would rather be on board a ship like

the "Duke of Wellington" at Portsmouth. I believe it would be more agreeable to the men than a barrack. It is a curious fact; but I have observed in the punishment returns from the naval barracks at Sheerness and the receiving ship at Portsmouth, that there is less crime in the receiving ship than in the barrack.

6933. Are you at all familiar with the working of the "Contagious Diseases Prevention Act" at Portsmouth?—No; I am not.

6934. Can you suggest any defects in the Act in the wording of it, or otherwise?—I am not prepared to say at present, for I have not read it with sufficient care.

6935. Do you think it would be advisable that a paid magistrate should be appointed by the Crown, before whom women suspected to be diseased should be brought?—I think that for all purposes at Portsmouth there should be such a magistrate. I think also that the police force should be increased, and that they should be a portion of the Metropolitan Police under the direction of the chief commissioner of that force. That strict regulations should be enforced against prostitutes living in public houses, and the plea that they are there as domestic servants, or as friends of the landlord, should not hold good. That the public-houses should be closed at 11 P.M., and not opened before 7 A.M. On Sundays they should be closed at 10 P.M., subject to all the other regulations with regard to opening on that day. The stipendiary magistrate should have power to close any public-house or beer-shop for a period not exceeding fourteen days; and on such house or shop being proved before him to be of a notoriously bad description, he should have power in certain cases to revoke the licence altogether. The military guards or pickets should have authority to enter any public-house or beer shop to search for absentees or delinquents, subject to the military or naval law. Similar power should be given to the naval police, as to naval absentees and delinquents. The civil police should have power to enter any public-house or beer-shop to see that no gross irregularities were going on. The pickets or guards should be required to apprehend and lodge in the guard-house sailors belonging to men-of-war who might be drunk, or behaving disgracefully in the streets. I was five years stationed at Portsmouth as secretary to the Commanders-in-Chief there, and I do not suppose that any member of this Committee can imagine the horrible immorality of that place. I can assure the Committee that after dusk men and women can be seen grossly violating all decency on the ramparts and in other places; so bad is this that it is almost impossible to go out there with a lady after dark. The police can take little or no notice of this; they are comparatively a small body, and the military do not appear to interest themselves about it. Portsmouth is purely a garrison town, and I think that it ought to be governed quite distinctly from other towns in the kingdom. I would give a stipendiary magistrate much greater power there than a magistrate ordinarily has in other towns. You cannot walk along the Hard or through the streets at Portsea at any time of the day without hearing music in the public-houses—a fiddle, for instance—and you know that there is dancing going on there, although it is against the law for these things to occur without a special licence. During the Russian War I have seen women at 8 o'clock in the morning without a rag upon them, except their chemises, running down the long Hard after the men as they were embarking to go on board their ships; these women were drunk and altogether of the lowest and filthiest kind. You can hardly imagine the state of Portsmouth.

6936. *Dr. Balfour.* Do the police ever interfere in these cases?—When there is a large naval force at Portsmouth the police are very inefficient, because the men would not allow them to interfere. I mean the borough

Mr. Hickman. police. There are no Metropolitan Police there, except in the dockyard. I will call the attention of the Committee to a return which I have
10 Nov. 1865. drawn up, and which shows the very large KNOWN proportion of prostitutes and bad houses in Portsmouth as compared with the proportion in any other of the principal towns in the kingdom. It appears that there is one prostitute to every fifty-three inhabitants; more than half the inhabitants are males, it being a garrison town.

6937. *Chairman.* What do you consider to be the number of prostitutes there?—1,750 above 16 years of age and 41 under 16, the total being 1,791—that is to say, there are more *known* prostitutes in Portsmouth than in any other town in the kingdom, Liverpool and London excepted. I am quoting from a parliamentary paper—the Judicial Statistics of the Kingdom for 1864; and it will be seen, supposing the sexes to be equal, that there will be one prostitute to every 26 females. It is probable that half the females would be either too old or too young for prostitution; and this brings the proportion down to 1 in 13 women. I do not suppose there is anything like that in the world. It is upon this ground that I respectfully urge upon the Committee the necessity of having a better police than we have now in Portsmouth, unconnected with the town, and a paid magistrate to carry out the exceptional regulations necessary for such a place as Portsmouth.

6938. I need hardly ask you whether you would apply the same regulations to all the other seaport towns which you consider so indispensable for such a town as Portsmouth?—I am obliged to you for asking me that question, for I omitted to say that I would apply the same regulations to Chatham, Sheerness, Devonport, and Plymouth.

6939. *Mr. Cock.* Are the new regulations for the promotion of cleanliness such that every sailor can have the means of washing his genital organs in private?—I cannot say. I have never been on board a ship since these regulations were introduced, and I do not know what the practice is.

6940. *Dr. Donnet.* Do you know whether the men place any of their money in the savings' banks?—The men use those banks very little indeed.

6941. Do they not consider them a benefit to themselves?—They have some prejudice against them.

6942. Do the men receive all the wages due to them on a ship being paid off, or do any of them request to have their pay transmitted to their own towns?—They can have it transmitted if they choose, and a great many of them avail themselves of that privilege.

6943. It has been stated that upon a ship being paid off the number of prostitutes increases in seaport towns, who prey upon the men as they land, and that a man would more readily fall into temptation with money in his pocket. Can you suggest any improvement that might be made in the mode of paying off the men?—No; I think the regulations on that head are as perfect as they can possibly be; if you see a ship being paid off at Portsmouth, you will find that most of the men go away by the earliest train they can get; a great improvement has taken place in that respect in the men; it is in cases where the men have to remain in Portsmouth until the pay tickets come from the Accountant-General's Office that they fall into vice at Portsmouth; probably they may have to remain a week, it is sometimes less, sometimes more. However, these women manage to get hold of them in that time, and they are not likely to let them go as long as they have a penny in their pockets.

6944. Is there no advice or warning given to the men before they come on shore, or is there no one to take an interest in the men?—Yes; they have the option of remaining on board the flag ship until their wages' account is settled by the Accountant-General of the Navy; they are

advised to take advantage of this privilege; but they seldom do so—in fact we cannot wonder at it; perhaps they have been a long time away from the country, and their natural desire is to get to the shore.

6945. Has there been any improvement since the men have entered as continuous service men?—A very great improvement; the men are far more respectable than they were.

6946. Have you any suggestion to make to the Committee with regard to the leave that is given to the men?—I think the more leave that is given to the men the better.

6947. *Chairman.* Why do you entertain that opinion?—If the men are kept on board ship they become discontented and insubordinate. I think, therefore, that this indulgence should be granted to them whenever the service will admit of it.

6948. *Mr. Quain.* Can you give the Committee any information as to the proportion of seamen who become unfit for service from the venereal disease?—I cannot give you the figures; but during the time I was secretary at Portsmouth in 1854 a number of ships were being fitted out for the Baltic and Mediterranean fleets, and I know that a great deal of inconvenience was occasioned to the service by men being disabled by the disease just as their ships were going to sea. I will explain to the Committee what the practice in the Navy is in this respect, and they will see how great this inconvenience must be. A frigate, for example, is fitted out at Portsmouth, her crew is completed from the receiving ships, and she is appointed to sail on a certain day. Twenty-four hours before the time of sailing the captain sends in a list of the men remaining in the hospital, and who are not likely to rejoin. In a ship of 600 men I have known as many as 50 so retained in the hospital with venereal disease; and the result is, that at the last moment her crew has to be completed by other men, and sometimes, of course, there is a difficulty in finding those men to replace the men in hospital. But even if the men are on the spot it is a very great inconvenience, just as a ship is about to sail, to put into her a great number of men who know nothing about their stations or their duty, and cannot know them for three or four days afterwards. In addition to this I know from what I have been told by captains who have returned to Spithead, that after having received convalescents from the venereal disease, from hospital, these men were of no use to them at sea—in the first bad weather that they met with, cold or wet, they broke down, and were entirely useless.

6949. Can you give the Committee any idea what the whole loss in a year to the Navy is from venereal disease?—No, I cannot; that is a very difficult question, and to answer it one would require to know the history of each man who was invalided.

6950. Could you get at the number of those who are reported to be suffering from venereal disease?—I think you could get that evidence from Dr. McKay.

6951. You have spoken of the advantage of the Sailors' Home at Portsmouth; would you recommend that there should be Homes of the same kind in other places?—Yes; there is one at Devonport. I do not know whether there is one at Chatham, but I believe not.

6952. You would think it advantageous to have a Sailors' Home wherever the sailors were?—Yes.

6953. You have also spoken of savings' banks; do you know whether the seamen are generally made aware that the post offices are savings' banks?—I am not aware whether they are informed upon that point; but the advantages of savings' banks are being perpetually brought before them by the captains, and the paymasters are ordered to do so whenever their wages are paid. I know that the regulations are very complete

Mr. Hickman. upon that point, but the sailors do not take advantage of them, for some reason I cannot understand.

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6954. *Dr. Babington.* Are the men punished on board ship for not reporting, or concealing, their disease from the surgeon?—Yes; in the punishment returns from the ships I frequently meet with cases in which the men have been punished for concealing their "diseases," and I apprehend that those diseases have been venereal.

6955. Are the men put under stoppages when they are under treatment for venereal disease and unfit for their duty, and would it not be fair that they should lose some part of their pay?—Some sixty years ago the men were subject to a charge when they had the venereal disease; but that is not the case now, and I do not think it would be at all advisable to re-enact that regulation, because if that were done I think the men would have a very strong inducement to conceal the disease. I apprehend that what the Committee wish is, that the men should as quickly as possible go to the surgeon and report to him their condition as soon as they discover it.

6956. If after being a certain time in hospital half of their pay was stopped as a practice, would not that operate rather as an inducement to them to go early to the surgeon, in order that they might not be in hospital for that period?—Yes; and when in hospital, that is the case. After a certain time a man in hospital is subject to a charge of so much per day out of his pay, but not with reference to any particular disease—that is, in hospitals at home, not abroad—it is after thirty days. A continuous service man is liable to the charge, and this continues for three months, and if he is still in hospital, his pay ceases altogether. In the case of a non-continuous service man, his pay ceases after he has been thirty days in hospital.

6957. Do you know what the proportion of married men is on board ship, or can you ascertain that?—Yes; whether they are married or single is inserted in the Description Book, there is no return made of it; but I think that the proportion of married men in a ship is very small indeed.

6958. Are the married men more moral in their conduct than the single men or so much so that it might be desirable to encourage marriage?—Very much more so.

6959. Do you think it would be desirable to encourage marriage among the men?—There is no restriction—I do not know that I would encourage it—upon the men marrying in the Navy, as in the Army. A man in the Navy may marry when he likes.

6960. The reason would be that it might make the men more moral in their conduct?—I do not see how you could encourage marriage.

6961. Are the boys subject to the same regulations as the men with regard to leave of absence?—Yes; but I suppose the commanding officers would use their discretion as to giving the boys leave, and would withhold it in cases where they would not have withheld it had they been men.

6962. Are they placed under the guidance of any one, or is leave given them to do exactly what they like on shore, or do experienced seamen take charge of them?—We have no very young boys now in the ships. They are all first-class boys of seventeen years of age, and they are not placed under any control. In the training ships the young boys are never allowed to go on shore, except in the charge of the schoolmaster or the ship's corporal, who looks after them.

6963. Up to what age is that the practice?—From fourteen and a-half to sixteen.

6964. Is this enormous amount of prostitution derived principally from the county of Hampshire, or do the women come from all parts of

the world?—I think that Portsmouth is the head-quarter of the prostitutes. When a ship is paid off at Sheerness, or any other port, I believe that the women leave Portsmouth, and go to the place where the ship is being paid off.

6965. Does the regulation which has been issued within the last few weeks with regard to accommodation being afforded to the seamen for ablutions, apply generally throughout the Navy?—Yes; it is general.

6966 Is the accommodation of a permanent character by the arrangement of bulk-heads and so on, or is it by canvas merely?—I am not aware of that.

6967. *Dr. Balfour.* Would it be advisable, in your opinion, to introduce into the Navy a system of punishing the men who are reported by the surgeon to have concealed the disease; would that have the effect of diminishing the amount of it, or induce the men to report themselves more readily?—I have just stated that I have observed several cases in the Punishment Returns in which the men have been punished for not reporting their disease to the doctor.

6968 Would it be advisable to lay it down as a general rule in the Navy that the surgeon should report cases where he believed the disease to have been concealed, and that there should be some specified punishment for the concealment?—I apprehend that the surgeon would always report a case of that kind, and I think that I would leave it to the commanding officer to deal with that as he thought best—of course he would consult the surgeon. A man's defence would most likely be that he did not know that he had the disease.

6969. With reference to Portsmouth, you have described the disgraceful state of the streets from the conduct of the women, do you think it would be possible to enforce any police regulation with a view to preventing the women openly plying for prostitution in the streets?—I would not make the law too stringent on that point against the women, but I certainly would put a stop to the open profligacy and debauchery which I have seen in the streets of Portsmouth. I do not think that you could in Portsmouth go to the extent of apprehending every woman that you found in the streets following her profession, because I believe, if you did that, you would clear the streets pretty well; but, as I said before, I would prevent those disgraceful scenes which so frequently occur there, of drunken women, half naked, prowling about the streets with their arms round the necks of soldiers or sailors.

6970. *Mr. Spencer Smith.* Will you be kind enough to explain what a sailors' barrack is?—There is a building at Sheerness in which the sailors are lodged. I think it resembles the barracks which are generally appropriated to soldiers; it has been very much improved lately, and they have now established what they call a recreation room. I believe this will have a great effect in reducing the number of offences in that place, and I hope it will bring it into just such a satisfactory state as we find the "Duke of Wellington" receiving ship to be in at Portsmouth.

6971. Do the men enter this barrack voluntarily; for I do not understand how a sailor could be compelled to go?—A sailor, if he is a continuous service man, on being paid off, is allowed to choose the port to which he will return at the expiration of his leave. If he chooses Sheerness, there is no receiving ship there for him, but he goes into the barrack.

6972. The barrack does not apply to any other than continuous service men?—Yes; some of the non-continuous service men, on being paid off, who volunteer to remain in the service, can also choose the ports at which they will join at the expiration of their leave.

6973. *Dr. Babington.* Would it be practicable to have land allotted

Mr. Hickman. to the men for the purpose of practising cricket or foot-ball, or any other games, which might be conducive to the health and pleasure of the men at the naval ports?—There might be a difficulty as to ground at Portsmouth, but if such a thing could be done at the ports generally, I think it would have a very good effect indeed.

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6974. *Chairman.* I presume that the well-being and order of a ship's company depend in a greater or lesser degree on the management of its head, be he an admiral, or be he a captain; is it not desirable that the officers, especially the medical officers, who are responsible for the health of the crew, should exhibit something like a personal interest and kindliness of manner to the men, and might he not, by such means, obtain their confidence in a greater degree than a man who perhaps does not look upon his profession in the right light, and is less anxious to exercise a moral restraint over the men?—The discipline of a ship is left entirely in the hands of the captain, and there can be no question that in order to enable the captain to carry out his duty effectually, he must be supported by all his officers, without reference to their rank or position. The officers, as I have stated in a report which I have lately made to the Admiralty, have a very great control over the men for good or for evil, and the course which you have indicated as proper for a surgeon to adopt is a course equally applicable to all the officers.

6975. Some of those officers are brought into more immediate relation to the men? the lower grades of officers especially?—Yes; they have greater opportunities, and all I mean to say is, that every officer can do something in his position, whatever that may be, to advance the discipline, the comfort, and good order of the ship, and the well-being of the crew; they will obtain also the confidence of the men, that is to say, if they are open to any impression at all. I believe that this is the disposition of 99 out of every 100 medical officers in the Navy, and that they carry it out. I do not know of any officer in a ship, who, speaking generally, is more respected by the men, not on account of his naval rank, but on account of the kindly influence which he exercises over them, than the surgeon of the ship.

6976. And also, I presume, for his scientific attainments and scientific position?—I do not know that the men are capable of judging of these.

The witness withdrew.

Friday, 24th November, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COCK.
DR. DONNET.
MR. QUAIN, F.R.S.
DR. WILKS.
MR. SPENCER SMITH (*Secretary*).

Admiral Sir William Fanshawe Martin, Bart., K.C.B., examined.

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6977. *Chairman.* You have taken a great interest in the welfare of the seamen in Her Majesty's Navy, and therefore of the service, for many years?—Yes; with other officers.

6978. Both while you were engaged in the active duties of your profession, and also at the present time?—Yes. *Adm. Sir W. F. Martin.* 24 Nov. 1865.

6979. Am I right in thinking that the condition of the sailor, morally as well as physically, has been improved in the last twenty or thirty years?—During the last thirty years, much has been done with a view to improve the condition of the seamen and marines. The last Report on Crime and Punishment in the Navy proved the amount of crime and punishment abroad to be almost double what it is at home. This was considered to be very singular, because there can be no doubt that the gross immorality of a seaport town in England is far more shocking than anything that is to be seen abroad; the women are more profligate and more drunken, and altogether the society in which a sailor mixes here is worse than that in which he mixes out of the kingdom. I believe it was in some measure to remedy this disproportion of crime that their Lordships lately ordered that all ships abroad should be supplied with a certain number of newspapers and periodicals; the list is a very liberal one, and it includes the "Evening Mail," "News of the World," "Bell's Weekly Messenger," "Punch," "Once a Week," "All the Year Round," "Chambers' Journal," and "Good Words;" and I believe this will have a very good effect upon the men abroad, furnishing them with the means of indulging in those mental pursuits to which your question refers. Then with regard to the ships at home, I must say I believe they could be made more comfortable for the men, and if this were done I think it would induce them to remain on board in the evening more than they do. In some ships they have established reading clubs, and the men pay probably a penny or a penny-halfpenny per month towards them, and they play chess and backgammon, and games of that sort. There is no doubt that where these have been established, we shall find the very best effects produced. Fancy men on board a harbour ship or coastguard ship in the evening, when the officers are generally on shore. All they can do is to smoke, and nothing in point of fact can be conceived more stupid and monotonous than the condition of the men under these circumstances. To get rid of this monotony they go on shore, and when the unmarried men land they have no place to go to except a brothel or a low public-house; the men, in fact, are almost forced into those places. Therefore, I sincerely hope we shall soon find in all harbour ships reading clubs established, and amusements introduced for the benefit of the men in the evening. I also think it probable that some commanding officers will allow their men to have a pint of beer each in the course of the evening, and this I think will also induce them to remain on board instead of going on shore. I would not allow them to have spirits, but I would let them have a pint of beer when they are not going on leave.

6980. Looking at the pursuits of the soldier on shore, his intercourse with the world, and the objects which meet his eye, there must be, I imagine, a marked difference in the character of the two services, considering that the sailor is confined within four walls as it were, and limited to a small social circle?—Yes; I should say that the sailor (the thorough seaman) is a much more thinking man than the soldier. He has learnt a trade, and is in that respect on a par with a skilled artisan; and instead of being fixed to a garrison for years, he may be all the world over.

6981. You were in the neighbourhood of Malta on the occasion of the important experiments that were made, and you exercised a good deal of influence over the minds of thinking men, in relation to the venereal disease. Is your experience of the results of the surveillance

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that was put in force decidedly favourable?—Decidedly; it was in consequence of letters which I wrote from Malta to the Admiralty, that that system was put in force in Malta. It had been in abeyance for several years, and the consequence was that from forty to fifty beds were ordinarily occupied in the Malta Hospital by patients who had contracted the venereal disease on the island. After the regulations with reference to the police, and the Lock Hospital had been in force for a few months, there was not a single patient, I believe, in the Malta Hospital, who had contracted the disease on the island.

6982. All the cases that were in the hospital were brought by ships from different ports?—Yes; at that time. I have brought with me copies of the letters I wrote to the Admiralty on this subject; and those, as well as the enclosures which I have not kept, you can have by referring to the Secretary of the Admiralty. I will hand in, if you please, the copies *(handing in the same)*. I have also some statistical memoranda which, with the permission of the Committee, I will read, as I am not aware of any report that exhibits the full amount of mischief resulting from the venereal disease among soldiers and sailors. I have been informed that in the course of the nine months between the 1st of January and the 30th of September of the present year, 3,665 patients were sent to Haslar Hospital, of whom 1,371, or thirty-seven per cent. were cases of primary venereal. Of the remaining 2,290 cases, the greater number were undoubtedly consequences of venereal. The ratio referred to of venereal patients to other patients is not an exceptional one at Haslar. In 1861 there were 4,230 admissions into Haslar, of which 1,278, or 30 per cent. were of venereal patients. On the 30th September, 1862, there were in Haslar 464 patients, of whom 186, or 40 per cent. were under treatment for primary venereal. During 1862 there were 3,208 patients admitted into Haslar, of whom 1,212 or 37 per cent. had the venereal. Of the total force employed under the Admiralty, 500 men are daily under treatment for venereal. To take the case of a single ship—the Edgar was in Portsmouth Harbour from January 1st to March 31st of 1861. Between these dates fifty-two men were placed on the sick list for primary venereal. Within the same dates thirty-three men were in the doctor's hands for secondary symptoms. I understand from medical officers of high reputation, that a large proportion of the men discharged from the service for rheumatism, heart complaints, consumption, and palsy, had these diseases as results of venereal. At Haslar, all primary venereal cases are placed in the surgical wards, and yet fully one half of the patients in the medical wards, have been two or three, or even more times under treatment for some form of primary venereal in the surgical wards. It has been estimated that half the disease in the Navy of so serious a kind as to lead to the discharge of the sufferers from the service, has been occasioned or aggravated by that one complaint; and but for which, each of our naval hospital establishments might be considerably reduced. In other ways, the public pay enormous sums of money in consequence of its effects upon soldiers and sailors. Sending to England from remote stations the men who have in reality broken down from the fruits of venereal, whatever eventually they may have been invalided for, and replacing them by men from England with the latent seeds of secondary symptoms, besides being an ever recurring cause of expense, is a serious inconvenience to the services. But there is another light in which this matter must be viewed. As a consequence of the prevalence of the disease, a great number of children inherit it. Unspeakable misery is thus imposed upon the innocent,

and whatever may be said of vicious men and women, it is a merciless argument that would resist measures for guarding their unhappy children. There are also numerous instances of respectable women having been infected by their husbands. For the sake then of punishing the husbands shall a loathsome disease be inflicted upon modest women? Yet a certain class of persons would forbid measures of precaution on religious grounds. Christianity inculcates no maxim to which an attempt to subdue this dreadful disease would be in opposition; but on the contrary, it requires protection for the innocent and charity to the sinner. Unhappily, official records would show that a host of men exposed by their special calling more than others to the temptations of vice, have been lost to the country through venereal disease. But no record can show the deplorable sorrow and pain that have harrassed each one of them to his life's end. Obviously religion lays upon us the duty of stopping, if we can, such a source of human wretchedness. People who object to preventing, if consistent, would object to curing. The objection is certainly extremely silly. A serious national consideration, in addition to considerations of humanity and justice, is involved in this subject. Venereal is not only sapping the health of our seamen and troops and of their descendants, but it is spreading wide its evil consequences over the population, and especially over that of the seaports and garrison towns. This is so notorious, that it is marvellous that the inhabitants of those places lose a day in urging the Government to take proper measures to stop the contagion. For the sake then of the stamina of the population, a remedy must be applied to prevent its otherwise inevitable deterioration. At Malta in 1861 the disease was almost eradicated by well devised police and hospital regulations. These regulations were made about April, 1861, and up to that date forty beds were usually occupied at the Naval Hospital by men who had contracted venereal in the island. In October, 1861, there was not in hospital a single case of venereal that had not been imported. These facts were several times reported to the Admiralty, and I repeatedly recommended to their Lordships' consideration the expediency of adopting some such measures at our home ports, as had produced such beneficial results at Malta. The means employed at Portsmouth to obtain the same end have, I believe, failed. As no inherent difficulty can exist at Portsmouth to account for this, the failure there contrasted with the success at Malta, shows that the law at home is defective or misunderstood. The Government contribute to a Lock Hospital at Portsmouth, from which no advantage has been derived. Before more money shall be so expended by the Naval and Military Departments, security should be taken that the object for which it is to be spent shall be obtained. No mere understanding should be accepted, but there should be some binding undertaking that will give the Government the necessary power of enforcing measures necessary for the good of the community. Besides police and lock hospital regulations, there are several auxiliary measures by which the evil under consideration might be diminished, and by which important incidental advantages would assuredly be gained. To begin with these measures—1stly. At all our naval ports there should be places where men on leave might enjoy such games as rackets, fives, and cricket, and where there should be well regulated canteens in which they might have wholesome and undrugged liquor. The men when on shore, having now no rational pastimes, are almost forced into dissolute society, at whose haunts alone is any trouble taken to amuse them. Places of recreation should be made by the Government on a liberal scale, to lure men to amuse-

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ments that will assist to keep them healthy and happy. For apart from other motives, to whatever degree they are deterred from dissipation, to an equal degree must they gain in efficiency. All that is done at the home ports to encourage in the service a taste for active and manly games is to give the boys in the instruction ship a play ground. It is lamentable to see the men and boys of the Fleet wandering about the streets of the naval stations without any salutary amusements at their command, and therefore, of course, easy victims to those who live by enticing them into mischief. The unmitigated depravity imbibed at the seaports has the most pernicious effects upon the dicipline, health, and character of the sailors and marines. It is reflected in some form or other wherever we go, whether at sea or in port, and its consequences swell our records of crimes, punishments, and diseases. For the state of the ports we have long been much to blame and shall continue to be so until, among other measures for the good of the seamen, we shall have provided recreation grounds for them, as the military authorities have long since done for the troops. When in the Mediterranean I recommended that places for games should be formed close to the anchorage at Malta for the men of the squadron, and to a limited extent the recommendation was adopted. 2ndly. The hulks in which ship's companies live, sometimes for months, whilst their ships are being equipped, should be so fitted, that the men should feel that the comforts in them are greater than those to be found in a public house. It is no wonder that the men should seek any accommodation on shore, however bad and disreputable, rather than spend their evenings in such wretched floating hovels as are provided for them. I refer to life on board the hulks, because being one of the great disadvantages under which seamen are placed in the home ports, it bears directly on the subject under consideration. Of course men should not be persuaded to refrain from going on shore, and they should enjoy ample leave. But misery in a hulk should not be the alternative to profligacy on shore. It is unfair and unwise to force men to choose between the one and the other. 3rdly. In each of the great naval seaport towns there should be two Sailors' Homes, at such distances apart, that a man being anywhere within the town, should not have miles to walk to get to one of them. The "Homes" by all proper and reasonable means should be rendered as comfortable and attractive as possible, and yet some of them, probably from want of due support, have been so forlorn and desolate looking, that it would be surprising had they been much frequented. 4thly. It would tend to break the continued connexion between seamen and vicious women, if the men were debarred from allotting their wages to any one but their wives, children, parents, and sisters. On returning to a home port, a man might find it difficult to detach himself from a woman with whom he had kept up an intercourse whilst abroad, as hundreds of men do. And yet, were a man unembarrassed by such a connexion, he might naturally accept the comforts and the respectable mode of life which should be open to him. The permanent connexion with a loose woman constrains him to keep vicious company, and he leads others into it by his example. It is this debauched set which so spreads the venereal disease. 5thly. As a precautionary sanatory measure, the seamen in all ships should have better means than they have for attaining personal cleanliness. In opposition to two of these five measures, viz., the forming of recreation grounds, and the Sailors' Homes, it has been argued that men so well paid as the sailors are, should provide for their own requirements. Now as to the sailors being well paid, it must

be borne in mind, that they are paid no more than the market value of their services. They can get as much or more elsewhere. And, they cannot be expected to contribute to the building of Fives-Courts and Homes, from which no given man among them may have any advantage for more than a few months in the course of his service. It is for the Government who represent a permanent national interest in virtue of the good that a succession of men will derive from such places, that should provide them. Together with these five auxiliary measures for reducing the temptation to vice on the part of the men, stringent regulations should be enforced with regard to prostitutes. I am led to believe that if a plan were well arranged and properly worked, the disease would be reduced to a comparatively trifling extent in a few months. The plan would consist of two parts; one part being initiatory and of short duration, whilst the other would be permanent. To eradicate the disease might be impossible; as the ports and garrisons would always be liable to infection brought from other towns and from abroad. But as compared with what it is, the evil would be insignificant after the initiatory part of the plan had been carried into effect. The present Lock hospitals, I understand, are inadequate for the requirements of the first stage of the plan; but on the other hand they would be sufficient for the purposes of the second. To contend with the disease on the scale that it now rages, a temporary Lock hospital at Portsmouth, at Devonport, and at Chatham, should be at once provided. Each should contain as many beds as would be wanted for all the infected women of the place—say 100 beds at the first two named places, and forty at the last. These temporary establishments should be entirely under Government control, and be managed by naval and military medical officers, under Dr. Leonard, as their Inspector. The necessary temporary accommodation might be found in a hulk, in a spacious building, or, as suggested by Dr. Leonard, in a number of Crimean huts, set up on some convenient spot.* The required beds and other stores might be lent by the naval and military departments. A few nurses and police would be soon obtained, and the establishments might be complete in a fortnight. When they are ready, it is proposed that all the prostitutes should be examined, and those infected be detained until cured. Most probably the places of the captured women would be filled by importations from London and other large towns; but this must be met by the vigilance of the police, subjecting the fresh arrivals to examination. The probability, however, is an argument for making a Contagious Diseases Act general in its operation throughout the country. I quite think the proposal a wise one. Thousands of people may still be victims, if any measure less complete than this be resorted to; and a dilatory process will occupy years in bringing the disease within narrow limits. The temporary hospitals should have a chapel, and a clergyman whose business it would be to try and reclaim the patients. Opportunities should be afforded for the unfortunate girls to see such relations and friends as would make an effort to save them from further degradation; and every other possible means should be employed to reform them. Whilst thus detained and suffering, they would be more under the influence of those interested about them, and more susceptible of good impressions, than they would have been had they been left with wicked associates. These remarks are strictly relevant to the subject. For, even assuming the objects

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* If a hulk were used she should have covered accommodation ladders, and the women might be taken on board at such times as they would be least under observation.

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of the inquiry to be purely prevention and cure, the reclaiming of fallen women is certainly one of the means to the sought ends. Whether this first part of the plan be considered, as a means of dealing with the disease, or of rescuing the women from vice, it seems the best that could be devised; and, therefore, as well for religious as for sanatory objects, the necessity for adopting it is imperative. There must be no trifling in this matter—the disease is ruining multitudes of innocent as well as of guilty, it embarrasses the service, squanders the public money, and saps the stamina of the population. When the temporary part of the plan shall have served its purpose, the present lock hospital accommodation may be sufficient. But the medical officers in charge of the Lock Hospitals at naval and military stations, should be paid public servants, responsible to the Admiralty or to the War Office; and, if possible, the police employed in connexion with the lock hospitals should act under the direction of a stipendiary magistrate. The plan, in fact, should be freed from all private caprice and purely local influences. I have been told that one of the great defects of the present system is, that women are discharged before they are cured. They demand their discharge, and an impression exists in the minds of the hospital authorities, that they have no right to detain them. Either these gentlemen are mistaken, or the law is defective. The hospital authorities must have power to detain venereal patients until cured, and must be compelled to exercise the power. Some doubt exists as to who are the authorities in the hospital with reference to the Contagious Diseases Act. This point must be settled; and if a Government medical officer be appointed to conduct a lock hospital, he, as far as the women are concerned, must be "the authority."

6983. It is very obvious that you have taken a wide view of this important matter, and therefore your testimony will be very valuable to the Committee. There are two or three questions which I wish to put to you, and which have been suggested by what you have just read, and the first is, what evidence have you that the women leave the Hospital at Portsmouth before they are cured?—I make that statement in consequence of conversations which I have had with persons interested in the subject, and who know the neighbourhood intimately.

6984. It appears to the Committee that there are great difficulties in the way of carrying out the Contagious Diseases Act, for example, the means which the Act affords of obtaining evidence of the men's diseases, do not appear to be as perfect as they might be. Will you be good enough to state, as far as you can recollect, what means were adopted at Malta for discovering the existence of disease; was it at the instigation of the police alone, or was it at the instigation of the medical authorities?—By the visits of police physicians, and frequently by the officers in the naval and military hospitals tracing from their patients where the disease had been contracted.

6985. I suppose the women were native women?—Yes; either Italians or Maltese.

6986. One would naturally feel a strong objection to any direct communication being held between the police and these women, because one does not see how they could gain that kind of knowledge as to the existence of disease, which would warrant their taking any woman into custody?—At Malta any notorious prostitute was liable to be visited three times a month by the police physicians.

6987. At Malta you obtained information from the police?—Yes; and from the medical officers. The men in hospital were asked where they had contracted the disease, and they gave the necessary information by indicating the houses.

6988. Your experience of the results of the surveillance at Malta, and elsewhere, leads you to be decidedly in its favour?—Most decidedly; and I think that we shall neglect an important national duty if we do not enforce it in England. *Adm. Sir W. F. Martin.* 24 Nov. 1865.

6989. To what extent do you consider it desirable that that surveillance should be enforced; would you carry it so far as the personal examination of all the prostitutes of a town?—Yes; or to such a degree, as would satisfy any medical man; in other words, I would subject all notorious prostitutes to periodical examination by a medical man—to any examination that was found necessary in order to detect the disease. Offensive as the necessity is, the matter is of vital importance, and we have no choice.

6990. You have enlarged so fully on the moral influence exercised over the men by the establishment of libraries and games that I need not ask you any further upon those points; but anything that will elevate the men in an intellectual point of view, or any pleasant and recreative amusements that would occupy their minds, you would foster and recommend to the fullest extent that they could be conveniently carried out consistently with their public duties?—Certainly.

6991. There is one point I think that you omitted; but I presume you think that savings' banks would be very desirable, supposing that the seamen had no means of sending their pay immediately to their families, or through the post office?—Yes; such a system is in operation.

6992. So that the money might be at once placed in safety. Suppose, for example, that a man was discharged at Portsmouth; that his family lived in London; as it would be dangerous for a man to carry about his person any considerable sum of money, the sooner it was deposited in some bank the better?—Certainly: and that the men have now the power of doing; they are invited to send their money home to savings' banks. The money allotments of which I speak are payments made, probably from the wages of a man abroad to his friends at home. Before going abroad a man allots so much of his pay, or he can do so when abroad.

6993. It has been stated that on a man being paid off in any seaport town, a number of prostitutes congregate for the purpose of preying upon the sailor, and getting from him his hard-earned gains. Have you any suggestion to offer by which his wages might be withheld, until the excitement consequent upon landing had passed away?—The men are invariably invited, on a ship being paid off, to remit all or any part of their wages to any part of the United Kingdom.

6994. With regard to the question of ablution; you are aware, no doubt, of the Admiralty Order which was issued on the 21st of July?—I am aware of that Order.

6995. You attach importance, no doubt, to habits of personal cleanliness being cultivated in the sailor, important in a moral point of view, almost; but at all events in a physical point of view?—Certainly. In many ships it is very imperfectly attended to.

6996. Have you considered how far ablution of the person, supposing it to be universally practised, could, in any respect, protect a man against the liability to contagion from venereal diseases?—Of course, upon that I have no opinion of my own, although it seems natural to a non-scientific person, that it should, in some degree, protect him. I have been informed by medical officers that it is a very great protection.

6997. Have you formed any opinion as to the establishment of

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barracks, or do you think that seamen's homes would suffice for all purposes. I presume all that is wanted is a place of refuge, or a place of comfortable resort for sailors when on shore, whether they are called barracks or seamen's homes?—Yes; if comfortable barracks were built on shore, they would be sufficient, I think, for the seamen who belonged to them, but you would require the homes for the seamen belonging to ships in commission, who had no barrack to go to; barracks will make homes, in some degree less important, but homes will be still required for the men belonging to ships in commission.

6998. I did not quite follow the account you gave relative to prostitution, or the mode of arresting prostitution. You divided it into two classes, I think. Was there anything that you did not include in your statement as to the means of arresting the disease or diminishing it; or what would you propose now?—There are several auxiliary means that I would use, such as places of recreation and improved hulks.

6999. What would you propose to do with regard to the sailors; would you subject them to periodical examination?—I am not prepared to say that, unless the same regulation was enforced in the Army.

7000. As an abstract proposition, it is desirable that the men should be examined periodically, with reference to their diseases, supposing that they did not object to it?—I think that, having been officially abolished in the Army, it could hardly be made compulsory in the Navy. Of course, the more speedily a patient is treated by a medical man the better.

7001. Supposing the Regulation contained in the Circular No. 5, dated 27th February, 1865, to stand, I presume it is unobjectionable, provided the concealment is followed up by punishment, or what is your opinion upon that point. If a man conceals his disease, would you subject the man, after such an order as this, to punishment?—I would, if he is ordered to reveal whether he is diseased or not, and he knowingly conceals the fact, I would punish him.

7002. *Dr. Donnet.* In addition to the provisions made by the Admiralty Circular, No. 5, dated 27th of February, 1865, do you think that it would be well to have a notice posted up on the days when leave is given, stating that men having the disease upon them are not to go on leave without consulting the surgeon?—I would not post up a notice. At divisions the officers might quietly through the petty officers desire their men to report themselves, but I would not post a notice up. When that intimation was given to the men their attention might be called to Article 32 of the Naval Discipline Act.

7003. *Chairman.* Do you think that that embraces the concealment of disease?—Yes; I think that a man would subject himself to punishment if you could prove that he had known he was diseased.

7004. *Dr. Babington.* Do you not think that, under all circumstances, it might be desirable and proper to examine men who had come off leave, or were going on leave, for I suppose it would not be so necessary at sea if the men were healthy?—As the examinations have been given up in the Army they cannot now be properly introduced into the Navy.

7005. Under special circumstances, I suppose they would not make much objection?—I have, under such circumstances, caused the men to be examined on leaving port, after they had had leave; but I am not prepared to say that such a regulation should exist, unless it was also in existence with regard to the Army.

7006. *Dr. Balfour.* Do you think it would be possible at the seaports, such as Portsmouth, by any police regulations, to put a stop to the disgraceful public plying of prostitutes on the streets?—Yes; I

think it might, to a very great degree, be done; the evil has been considerably reduced in the London streets, within a few months. I think that the police might, and ought, to interfere very often, and no doubt would; but there are many local influences at work which prevent that evil being put down. Stipendiary magistrates are wanted at the ports as much as in London.

7007. Would it be advisable, especially considering the last remark you have made, to place the working of the Contagious Diseases Act in the ports, under a stipendiary magistrate, or other person not susceptible of local influences?—It ought, decidedly, to be under the management of a stipendiary magistrate, and nothing, with regard to the Act should be dependent upon local influence or feeling.

7008. With regard to the question of barracks for seamen, do you think that the men would prefer barracks on shore or floating hulks?—I think that the hulks are usually in a shameful condition—that the men have not in them the comforts and advantages which they ought to have; but if the hulks were made what they ought to be, I think the seamen would be as comfortable in them, probably, as in barracks. I have no objection to barracks whatever.

7009. It would be quite possible, you think, to put the hulks into a comfortable condition, and it would be merely a question of expense?—Quite so; when I was Admiral Superintendent at Portsmouth in 1855 or 1856, I took the opportunity of having a hulk in dock, on purpose to show to the then First Lord of the Admiralty, the wretched way in which our men lived when their ships were refitting. I obtained permission to fit a hulk upon an improved plan—she was so fitted, and she has remained in that state to this day; but no other hulk has been fitted in the same way after her. The hulks are a very great scandal to the country. Even the improved hulk I refer to should be better than she is.

7010. *Mr. Cock.* Would it, in your opinion, be possible to give every man an opportunity of washing his genital organs in private every day?—I think it would in a hot climate be possible every other day at least, and in a cold climate very frequently.

7011. The operation need not take more than half a minute, with the addition of a little soap?—In a ship that I commanded, I had the whole length of the deck screened off for twenty minutes; I had screens athwart ships—several of them. I divided the second class boys from the first-class boys, and the first-class boys from the seamen; in fact they were all divided out, so that each class had a place in which to wash themselves; but I should remark that this can only be done on so large a scale in a hot climate. The tubs were filled from the pumps. It was only one watch that could avail themselves of this arrangement, but one watch or the other had it every day.

7012. Do you think it is quite possible that every man might, for half a minute, have an opportunity of privately washing parts of his body which he would not like to do before the other men?—The plans that I have spoken of could be only carried out in a hot climate.

7013. But do you believe that, in the course of a day, every sailor might be enabled to wash his private parts?—I think that an arrangement might be made to enable him to do so frequently, but not every day, except in a hot climate.

7014. Are you not of opinion that if this could be done, it would prevent disease to a certain extent, and that it would give a man an opportunity immediately of ascertaining whether he had contracted any disease, and, if so, to reveal his condition to the surgeon?—Yes.

Adm. Sir W. F. Martin.

24 Nov. 1865.

7015. *Dr. Donnet.* You are probably aware how difficult it is to ascertain the history of a man joining a ship, and what little reliance can be placed upon his statement respecting the diseases to which he has been subject, arising, no doubt, from carelessness, want of memory, or otherwise. Do you think it would be conducive to the good of the service to have a tabulated medical history accompany the parchment certificate of each man?—I do; to show whether a man had ever been invalided, and for what he had been invalided—what serious complaints he had ever suffered from; you mean, I suppose, men on re-entering the service?

7016. Yes; or a man going from one ship to another, whether a continuous service man or not, so that the medical officer might become acquainted with any disease that the man might have been subject to?—If the arrangement were perfectly carried out, it would be a vast advantage to the service and to the men.

7017. As the majority of the men enter for continuous service, will not such history become of importance, not only to the medical officer, as a guide to his treatment, but likewise by the ready information it would afford to the authorities at head quarters?—Yes; the Circular should be enforced in that way, for many reasons.

7018. Would it not be of assistance in the granting of pensions?—Yes, and in every way; it would show the whole history of a man, and prevent a man being sent where he ought not to be sent. I think it is a great defect not to have a complete notation of the sort to accompany each man from ship to ship.

7019. Have you any suggestions to make as to leave being granted to ships' companies, more especially abroad, where frequently 48 hours leave is granted to a ship's company?—I think that the men should have ample leave, and that the opportunities of returning to their ships should be made as convenient to them as possible. I think, whether you give a man 24 hours, or 48 hours' leave, may depend, in a certain degree, upon the port you are in, for in many ports you lie off a long distance from the shore, and to be constantly fetching and carrying the men is a great inconvenience as well as a great labour to the boats crews.

7020. *Mr. Quain.* Are the Sailors' Homes which now exist under any public authorities, or are they private establishments?—They are private establishments.

7021. Do you, in the recommendations you have made, contemplate that Sailors' Homes should be under the control of public authorities as well as much more numerous?—I do; I think it would be better that they should be placed under public control—that is to say, under the Government.

7022. To be supported by the Government?—Yes; and not to be dependent upon charitable contributions, the seamen, of course, paying their bills at the "homes," as people ordinarily do at an inn. I mean that the Government should give the buildings, and provide furniture, and things of that sort.

7023. Of course the expense would be a material consideration, and we have been informed that it costs as much as 15*s.* a week for a man's subsistance—can you give any opinion upon that point?—I have never entered into the question of expense; but whatever a man's subsistence costs, that he ought to pay, as well as a small additional percentage to sustain the establishment.

7024. With reference to the examination of seamen in the public service, there is another point which, perhaps, you may have turned your attention to, namely, the examination of sailors in merchant

vessels; for disease would be communicated to women by those sailors?—Yes; but professionally we should have no control over the men in the merchant ships. *Adm. Sir W. F. Martin.* 24 Nov. 1865.

7025. The examination, then, of seamen in the public service becomes more difficult, and the utility of it less, if the men employed in the merchant service should go unexamined?—Yes, but the object would to a very great extent be gained by a surveillance over women.

7026. The exemption of merchant seamen from the same examination would leave the women still exposed to contamination?—Certainly, and so does all communication with other parts of the country, and from abroad. I believe it would be found impracticable to exterminate the disease, but it may be exceedingly reduced.

7027. *Dr. Wilks.* Whenever you desired that the ship's company should be examined, did you find that there was any dislike on the part of the medical officer to comply with your wish?—On the contrary; it was done, to the best of my recollection, at the suggestion of the medical officer.

The witness withdrew.

Thursday, 7th December, 1865.

Present:

MR. SKEY, F.R.S., *in the Chair.*
DR. BABINGTON, F.R.S.
DR. BALFOUR, F.R.S.
MR. COOK.
DR. DONNET.
MR. QUAIN, F.R.S.
MR. SPENCER SMITH (*Secretary*).

H.R.H. The Duke of Cambridge, K.G., examined.

7028. *Chairman.* I need scarcely ask your Royal Highness whether you are not deeply interested in the health of the British Army?—I am. *H.R.H. the Duke of Cambridge.* 7 Dec. 1865.

7029. Nor need I tell you that our object is, as much as possible, to recommend to the Government such measures as will tend to diminish the influence of venereal disease in the Army as well as in the Navy?—I think I perfectly understand the object of the Committee.

7030. We are about to propose for the consideration of the Legislature a measure by which power shall be given to the authorities to compel women known to the police as prostitutes to undergo a weekly personal examination, and that diseased women shall be at once taken to an hospital and there detained until cured. May I ask you, Sir, whether you approve of such a proposition as that?—If it could be carried out I should approve of it highly; but with our institutions I am afraid you would have great difficulty in getting the Legislature to sanction such a proposal.

7031. We believe that the community, by which I mean the class of persons who might be supposed to be hostile to such a proposal, are beginning to feel the necessity of it, and we are in hopes that, by avoiding the form or the practice of registration of women, and the

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licensing of brothels, which are objectionable, we shall be able to accomplish a good deal towards the desired object. We expect to obtain two advantages by the periodical examination of women; and the first will be the detection of disease in its early stages, for that which is detected early may be taken to be more readily cured The second advantage will be, that a diseased woman will be at once stopped in the practice of her profession, and a certain number of persons will be saved from contamination who would otherwise be exposed to it?—Yes.

7032. But there is a current that takes an opposite direction, the current of disease that may be said to be propagated in a town like Portsmouth of course passes out to the community, but there is another current which comes in?—Yes.

7033. That comes in mainly through the troops and through the men in the Naval Service?—Yes.

7034. In consequence of some conversation that took place in this room before your Royal Highness's arrival, it is necessary that I should remind you that before the Commission of which Lord Herbert was President, and which enquired into the sanitary state of the Army, and especially with regard to the duties of Medical Officers, it appeared that the practice of periodically examining the men had been abolished?—Yes; I think it was in 1859.

7035. A large majority of this Committee are of opinion that such periodical examinations of the men weekly or fortnightly by a surgeon is the best method—not to say the only method—of cutting off that current from without, so that the men found to be diseased might be sent to an hospital and put under treatment at once, for unless such penalties can be inflicted upon the soldier as will compel him to reveal his condition when he is diseased, it appears to a majority of this Committee that the regulation which was previously carried out, and which I feel myself justified in saying is now carried out by regimental order in many parts of the world, must be again had recourse to. Will you, Sir, be kind enough to say whether you think there could possibly be any objection to it?—I have no hesitation in saying that I always very much regretted that the inspection to which you have referred was done away with. I have consulted with a great many of the most intelligent General Officers and others who have commanded regiments for a long time, and, as far as I have been able to ascertain, I have not found one who has dissented from me in that opinion—not one who was not strongly of opinion that such medical inspections were not only desirable, but absolutely essential, and they stated that they had always regretted that they were discontinued. At the same time it is right that you should also be informed by me that I have consulted with the Director-General of the Medical Department, and he does not entertain the same opinion. He thinks that it was an extremely distasteful, and was considered a very offensive duty by the Medical Officers of the Army; and further, that the advantages to be gained by it did not compensate for the discomfort and distaste that was felt by the Medical Officers; and he based his opinion upon certain statistics, which of course I am not responsible for, but which you will have an opportunity of obtaining, if you like to call for them. He stated that the discontinuance of the regular periodical examination of the men since 1859 did not result in a larger amount of venereal disease than had existed previously to that examination being abolished. That appears to be the exact state of the matter; but as far as my feelings are concerned, I cannot imagine that an examination, properly and regularly conducted, as I think it

ought to be, would not have the effect which you, and probably many other members of this Committee, would expect.

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7036. Your Royal Highness will readily see that there are two ways of doing it, that it may be done with proper decency?—Yes; decidedly there are proper ways of conducting it; I should be very sorry to do anything that was distasteful to the Medical Officers of the Army; but, I consider that there is nothing more in such an examination than there is in examining recruits; the recruits must be examined, and if a medical examination of the men was properly conducted (and I apprehend that recruits are examined in the most minute manner), after all, there is nothing more objectionable in examining a soldier who is serving in the Army, than there is in examining 23 or 25 recruits of a morning, who must undergo such an examination, to show whether they are fit for the service or not. The only thing that appears to me to be requisite is, that there should be some regulation laid down as to the mode of conducting the examination; an examination that might be made less objectionable than it used to be; as I understand the former practice, a whole regiment, by companies or by troops, was put in line, and they were all inspected, but in a very disagreeable way, all in a body. I cannot see why they should not be examined successively, by passing through a room in the same way as recruits are examined.

7037. I cannot myself see any difficulty; you may not be aware, Sir, of the duties that devolve upon the Civil Surgeons of the metropolis, but for 25 or 30 years it was my duty, in common with all the surgeons of St. Bartholomew's Hospital, to examine the lowest class of women that present themselves in our public hospitals. No duty could be more loathsome or offensive, but I never passed through a day without performing that duty as efficiently as I could. It is alleged that there are objections to the practice, but I do not see them, and some of the witnesses who have been examined before the committee, regimental surgeons, and surgeons in the Guards, have given evidence in favour of it. I will read to your Royal Highness an extract from the evidence of Mr. Trotter, Assistant Surgeon in the Coldstream Guards:—"At what rate do you examine these men? How many can you examine in that way in a minute, or does one man pass from behind the screen before another is admitted? Suppose, for example, it was this room, there is the window, and the light would be shining upon them as they came in, a man comes before you, and then you order him to march out; another comes in, and you see him as he comes up, with the light shining upon him; if you do not say anything he marches past you; he halts for a moment before you,"—"I have no idea how long it takes, or how many men are examined in a minute;" and in another place he is asked, "how long does it take to examine 700 men?"—"we never get more to examine than perhaps not quite 600 men, as a rule, because the men are away on detachment at different places; the examination is only a cursory one, and it occupies from 20 minutes to half an hour;"—"I presume that it is a very cursory examination, if you get through in half an hour from 500 to 600 men?"—"Yes." "What mode of examination do you adopt?"—"A corner of a room is screened off, and the men come in with their sergeants, by companies, the sergeants staying outside the screen;" and the great question as it appears to me, is—"is that or not a *desideratum*?"—I cannot imagine that there can be any doubt upon the subject, but if I have to refer to statistics, I am informed that there is no difference in the result, whether the examination takes place or not; that there has been no increase in the disease since the practice has been discontinued, that

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is a matter which I think I am bound to state to the Committee, but I can only take that upon the statement made to me; I have not gone into the figures.

7038. It is a difficult thing, I believe, in practice to inflict a penalty upon a man for the concealment of disease?—I have a letter here which I will hand in, and which I think proves that we have done that already. It is a circular of May, 1861.

The same was handed in as follows:—

"Horse Guards, S.W.
"May, 1861.

"Sir,—I am directed by His Royal Highness the General Commanding-in-Chief, to call your attention to the prevalence of venereal disease in the army, and to the necessity of taking measures to diminish the evil, by the precautions pointed out in the Regulations of periodical examinations by the regimental surgeons. His Royal Highness is now pleased to direct that in all cases where a soldier is proved to have concealed the disease, thereby rendering the cure more dilatory and difficult, the offence shall be visited by confinement to barracks, after convalescence, for one month, and by deprivation of furlough for the current year. You will be pleased to make this known.

"I have the honour to be, Sir,
"Your very obedient servant,
"J. YORKE SCARLETT."

On this point I must also draw the attention of the Committee to the fact that by the 85th Article of the Articles of War, a soldier is punishable for concealing his disease. The "venereal" disease is not included specially. Whether or not it would be desirable to introduce the word "venereal" into the Article, I should not like to say offhand; but the Committee will observe that there is that Article in the Articles of War which, to a certain extent, even now meets the case. The venereal disease is not specified; but, if specified, of course it would make the 85th Article stronger.

7039. The Committee attach considerable importance to ablution, and I presume that the regulations are tolerably rife on that matter, and very much in advance of what they were even 3 or 4 years ago?—Very much so, and there is a very singular thing which I may mention, and which has occurred within a recent period at Aldershot. In a regiment stationed there, there are only two or three cases of venereal; I refer to the 31st Regiment, and it has been stationed there for a considerable time. It returned to England from China, which is a very unhealthy climate, and there was no reason to suppose that it was more healthy than other regiments, and there were the same conditions of exposure to disease as in the case of any other regiment in the camp; nevertheless that regiment has but 2 or 3 cases of venereal, while in others there are 16, 20, or 25 cases. Sir James Yorke Scarlett made an inquiry into the circumstances, and the only thing that he could discover was, that some arrangements had been made in that regiment, which is unusual, so that the men should have opportunities of washing themselves on their return home at night, and which it appeared was not the common practice in any other regiment. We, therefore, cannot help thinking that the means afforded to the men for ablution has produced this very great difference with regard to that regiment in the number of cases as compared with any other corps. I believe the subject is under the consideration of the Director-General, and that he is directing some enquiries to be made about it.

7040. That touches upon a point as to which I should like to ask Your Royal Highness a question. In the case of prisoners brought to the guard-room late at night, many of them returning debauched, and after having had intercourse with women, is it not possible to have some accommodation always ready for the purpose of ablution?—I think it would be very desirable. *H.R.H. the Duke of Cambridge.* 7 Dec. 1865.

7041. The Committee, I believe, are of opinion that ablution after intercourse is a very great *desideratum* indeed, and therefore that means for the purpose should be provided in the guard-room available for the men who come in late at night?—I think it would be very desirable indeed.

7042. I presume that a record is kept of those men who conceal their disease in the different regiments. Are there any means of obtaining a return of the number of men who are reported for concealing their disease under the Horse Guards Order of 1861?—I do not know. I have only just obtained the letter which I have handed in, and have therefore not made any special enquiries. I do not know that there is any record kept, but of course if any man has been punished under that order, it would appear in the abstract of punishments. Guard reports are kept with regard to every soldier who is brought before the commanding officer for punishment. The soldier's name and offence is always put into the guard report, and therefore, by tracing back, what you have mentioned might, no doubt, be ascertained. I do not think there is any special record kept.

7043. If such a return can be obtained, will you give directions that we shall receive it?—Certainly.

The witness withdrew.

Monday, 11th December, 1865.

Present:

Mr. Skey, F.R.S., *in the Chair.*
Dr. Babington, F.R.S.
Dr. Balfour, F.R.S.
Mr. Cock.
Dr. Donnet.
Mr. Quain, F.R.S.
Mr. Spencer Smith (*Secretary*).

Admiral the Hon. Sir Frederick Grey, G.C.B., examined.

7044. *Chairman.* The duties of the First Lord of the Admiralty refer, I believe, to the administrative department of the naval service chiefly, and he is not necessarily a naval man?—He clearly superintends the whole; but he takes the advice of the naval members on questions requiring naval knowledge. *Adm. Sir F. Grey.* 11 Dec. 1865

7045. I need not inform you of the great extent to which the venereal disease prevails among the women in our seaport and garrison towns. Those unfortunate women must contract the disease from the opposite sex, and, of course, both sailors and soldiers are involved in that charge. We are desirous of proposing certain amendments, as we hope they will prove to be, in the Act, by which women shall be

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subjected to a periodical examination under the surveillance of the police; but there are difficulties to contend with, for there is a current from within outwards, and a current from without inwards. The Committee are desirous to have your opinion as to what measures can be adopted with regard to that current from without, and how far we may call upon the Admiralty to issue certain Regulations which will enable the medical profession to get at the disease in the sailor before he comes on shore?—May I ask whether you have had before you a copy of the Regulation that was lately issued by the Admiralty upon this point? I allude to a Circular dated 27th of February last, and I think I can, perhaps, make my answer more clear if I refer at once to that Circular. I may mention that this question was brought to the attention of the Admiralty in the month of January, 1865, by the Commander-in-Chief in the Mediterranean, in consequence of a representation that was made by the captain of his flagship, Captain Goodenough, as to the number of diseased men there were on board that ship. In his letter Captain Goodenough stated that he had caused the men to be inspected before leaving Spithead, but that others who had been absent on duty at the time of the inspection, or who had joined subsequently, had been proved to be diseased. He further stated that the men, when they were sent out of the sick list, went on shore before they were sufficiently cured, and thus communicated the disease to others. That matter was taken into our very serious consideration, and was reported upon by the Medical Director-General. The question whether we should enforce an inspection of all the men on board of our ships was very fully discussed by the Board of Admiralty, and we came, I believe, to an unanimous decision—that is, the whole of the naval members—that it would not be expedient to subject all our respectable seamen and married men to the degradation of being inspected in that way under the suspicion of their having the disease. The Circular to which I have just referred was then issued, which directs that before any ship leaves a home port, there is to be a very careful examination of the men at divisions, by the officers of division, accompanied by a medical man, and any man who was suspected, from his appearance, to be diseased, was then to be sent forward and medically examined. That Circular seems to have been in some cases lost sight of, because I found some time afterwards that in the Channel squadron complaints were made of the men becoming diseased. I then inquired whether the Circular had been carried out, and to my surprise it appeared that it had to some extent been lost sight of. But that, I hope, is now put an end to, and that it will be carried out. I think that if the medical officer goes round with the officer of division, no very serious cases could pass undetected—that there would be something in the appearance of a man that would excite suspicion, and if it was found that he was unwell, he would be taken forward and examined. That Circular has been in operation not very long, but I do not think it would be advisable to go any further.

7046. The question is a very simple one, whether a man can bear upon his person the seeds of a formidable disease which he has the power to communicate to any woman with whom he has intercourse, and whether the presence of that disease will be stamped on a man's countenance so as to enable the acutest medical man to detect its presence without personal examination. In my opinion, it would be perfectly impossible, in the early stages of venereal diseases of different characters, where there is nothing like constitutional involvement, and no appearance of illness, I would defy the most acute

surgeon to suspect even the presence of disease from any manifestation of it in the appearance of a man?—Then I should be at a loss to suggest anything. I certainly cannot change the opinion which I have formed, that it would be very inexpedient to subject all the men in the navy to an inspection such as is proposed, because some of them may be diseased. *Adm. Sir F. Grey.* 11 Dec. 1863.

7047. The decisions of this Committee will wait upon the Admiralty and their Regulations. It is no part of our duty or our wish to push the Admiralty beyond what the moral necessity of the case would enable us to demand. With regard to the point just referred to, I can only express my regret to hear the opinion you have just expressed?—It was necessary for me to answer your question, because you put it to me. But measures, I presume, could be taken—and I imagine that that is the principal point alluded to—to prevent the propagation of the disease from a ship to the shore—I would add this, that our whole object has been to raise the character of our seamen, particularly that of the petty officers, and I should be very sorry indeed to take any step which I thought would have the effect of destroying their self-respect by a practice which I think would be very prejudicial to the character of the men.

7048. The Committee feel that very strongly, and we would intentionally exclude married men, and, if possible, men who were known to be of good moral character, but you could not, I think, include in that category a very large number of sailors, who, having been to sea, are let loose upon shore and indulge their passions like the rest of the world, and as it may be said with some more excuse, considering the circumstances of their peculiar life. But those sailors, of course, who have intercourse with women communicate the disease to them, and it is brought into the town, and we hope to stop that current in one direction; I am sorry to find that you give us so little hope of being able to stop it in the other. If you entertain these very reasonable and proper scruples as to the personal examination of the sailor, what is to be said as to subjecting him to punishment for concealing his disease?—There you raise a very difficult question; but it is a question which has not been lost sight of by the Admiralty. It has also been very fully considered. It has been proposed that every man, as used to be the case in old times, should be subject to a deduction from his pay—if you refer to the records you will find that the men who were sent to hospital were subject to deductions—and it has been proposed that that should be again reverted to. Then the question comes, is there not a danger that a great many men will conceal their disease for fear of having a deduction made from their pay, and that, I think, is a point that you must consider. Then there has been a proposal, which might be adopted if it could be carried out practically, although I see great difficulties in the way of it, that you should punish a man for concealing his disease. If he came forward and said, "I have disease upon me," he would not be subjected to a deduction from his pay; but if found to be diseased, and he had not presented himself to the Doctor, then it is proposed that he should be subjected to a mulct. That, perhaps, might be done, but I think there would be great difficulties practically in the way of doing it.

7049. This is the point that I alluded to especially, that of subjecting men to a penalty for concealing their disease. A penalty is, I believe, now inflicted, and the men are put on what is called the Black List, and the grog is stopped?—Watering the grog is not so much practised now as formerly. With regard to breaking leave, every

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man who does so, is subjected to a mulct of so many days' pay for the hours of improper absence, according to a regular scale. There would be no difficulty in establishing a mulct, if you could make it work practically, but it would require a good deal of consideration.

7050. You think that there would be practical difficulties as to punishing men who notoriously concealed their disease?—I see no difficulty in punishing them for concealing their disease, but I see a difficulty in saying what men were really notoriously concealing it, and what men were not doing so; that is the difficulty in my mind, how you are to say or to prove that a man has concealed his disease; how is it to be proved?

7051. I think that is rather a naval objection than a civil one. I believe that if you punished all men found with positive disease upon them, you would punish all that deserved it. I do not believe that a man can have disease upon him and not know it, unless it is in the first two or three days?—Then you would go back to a system that was given up in consequence of its being found not to work well, as I believe. I mean the system of inflicting a mulct, because it had the effect of preventing the men from coming forward.

7052. In the 32nd Clause of the Act for regulating the discipline of the Navy, you are aware that there are these words, "Every person subject to this Act who shall wilfully do any act, or wilfully disobey any orders, whether in hospital or elsewhere, with intent to produce or to aggravate any disease or infirmity, or to delay his cure, or who shall feign any disease, infirmity, or inability to perform his duty, shall suffer imprisonment or such other punishment as is hereinafter mentioned?"—Yes; that is what they call malingering; but I do not think there has been of late a single man tried by court martial under that clause; I do not remember one.

7053. If we do not obtain from you all the encouragement we desire on the subject of the examinations of the men, and a little doubtfully about punishments for concealment, I would ask you whether it is important, in your opinion, to establish a thorough understanding between the medical officer and the sailor, and not less between the medical officer and the commander; and if there be that cordial understanding between the men and the medical officer, whether he could not, by habitual kindness to the seamen, encourage them to communicate to him any disease under which they might labour?—I believe that that must depend upon the individual character of the officers and men; I have seen a good deal of service myself, and I have scarcely in any ship that I have been in, known any instance in which the surgeon and the captain had not a perfectly good understanding with reference to the diseases in their ships, or in which the surgeon was not always consulted, and always ready to give his advice and assistance, and the captain always ready to take the advice of the surgeon. I have seen very serious cases of sickness in ships, and I can only say that it was invariably the practice for the captain and the surgeon to consult together as to what steps were necessary to be taken in every case, whether of slight sickness or otherwise. As for the surgeon obtaining the confidence of the men, that, as I have said before, is entirely a question of individual character; some surgeons have the art of acquiring the confidence of the men, while others have not; there is a certain tact and a certain manner; but those qualities vary according to individual disposition, and no regulations that you can make can possibly effect that. I am not aware that anything need be done to encourage a proper state of feeling between captains and surgeons, for I think it

already exists. I believe that every captain of a ship is only too anxious to obtain the advice of the surgeon upon all questions affecting the health of the ship's company. *Adm. Sir F. Grey.* 11 Dec. 1865.

7054. *Dr. Donnet.* In addition to the Admiralty circular dated February, 1865, would it not, in your opinion, assist to diminish the disease by making it known to the men going on leave, that if they have the disease upon them they are liable to punishment? In the Channel Fleet the men go on shore every night?—That seems to involve very much the question that I was asked just now, whether the men should not be punished for concealing their disease.

7055. Would it not be well to have it made known that if they had the disease knowingly upon them and concealed it, they would be punished?—The difficulty that I feel in answering that question plainly is the difficulty that I foresee there would be in carrying it practically into effect, for how would you ascertain the fact that a man had gone on leave with the disease knowingly upon him, so as to be able to bring home the offence to him and inflict punishment, because you must understand that we cannot for a moment think of punishing any man upon suspicion; every offence must be clearly proved; and there is the difficulty which I think immediately arises.

7056. It frequently happens that the younger men in the Channel squadron are careless about themselves. They go on shore, knowingly having some form of the disease upon them; but in their anxiety to get on shore, they seemingly ignore that the concealment of the disease will be followed by punishment. Would it not, therefore, be well to insist upon this point, and make it known to the men that punishment would certainly follow the concealment of disease?—We have done as much as we can to check it, such as not letting a man go on shore after it is known that he is diseased, and not even when he is cured for a certain time, but I do not see that saying to a man that he shall not go on shore would effect the object, for if he wanted to go on shore I think he would have a still greater motive for concealing his disease, and if he came back and it was then discovered, he would say that he had caught the disease when he was on shore the last time. I do not know whether the medical man could prove that he had had the disease previously or not.

7057. You think it would be difficult to put such a rule into practice?—Yes.

7058. Naval medical officers, as a rule, find it difficult to ascertain the medical history of men when they come under their observation: to avoid this difficulty, would it not be beneficial to the service to have a medical history attached to each man?—Do you mean that a man should carry it with him?

7059. I mean that each man should have his medical history to accompany him from ship to ship, or from ship to hospital, in the same manner as his parchment certificate; that the surgeon of the ship should note on this sheet each time the man came under treatment, the date of entry upon and discharge from sick list, and the disease for which he was entered, thus at one glance showing the diseases to which the man has been subject during his period of service?—I believe that at the present time it is the custom in the navy for every surgeon to keep a journal of every man, and that journal goes to the Medical Director-General.

7060. But this journal does not accompany a man from ship to ship, and therefore does not answer the same purpose as the history to which I allude. This history would be somewhat similar to the regimental sheet used in the Army?—It would be I think a very voluminous return,

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and would involve great labour and difficulty. I think that some regulation of that kind might be introduced, if it did not involve too much clerical labour; but there is a difference between the army and the navy. In the navy the men are not attached permanently to one ship, like men to one regiment; they go from one ship to another, and the paper which you have suggested I am afraid would be much more voluminous than it would be in the army. I think, however, the suggestion one very well worth considering; I should be very glad to see any proposition on paper which might be considered; it is a new idea to me, and therefore I am not prepared to say anything without knowing a little more about it, or how far it could be practically worked in the navy; I am sure that if the Committee thought fit to make any suggestion of that kind, the Admiralty would look most carefully into it.

7061. I believe that the Medical Officers in the navy generally would consider it a benefit?—I do not remember to have seen any proposition of the kind, but such a proposition may have been made without my being aware of it.

7062. *Dr. Balfour.* Are you aware as a practical fact, that sailors are much in the habit of concealing the venereal disease?—I am afraid it is so; certainly it used to be the case, and I am afraid it is so still. I may mention one fact which, I think, shows that the present Act has not benefited Portsmouth very much. I received a letter from Captain Hillier, of the "Octavia," only yesterday, from Sierra Leone, in which he states that since his ship was commissioned in July last, there have been 81 cases on board that ship, involving the loss of the services of one man for 1,900 days, out of a complement of about 417 men.

7063. In the army every soldier who is reported by the medical officer to his commanding officer for having concealed the venereal disease is punished by confinement to barracks for a month, would it not be possible in the navy to obtain a similar report from the surgeon of the ship, with a view to punishing sailors who are guilty of concealing the disease?—The commanding officer has power now to inflict punishment under the Act which has been referred to; he can stop a man's leave if he likes, but it might be as you suggest, perhaps be made an order; I do not see any objection to issuing an order to the effect: "That upon the representation of the surgeon that a man had concealed his disease, that man's leave should be stopped for a certain time, and he should be mulcted of his pay." I see no difficulty in carrying that out, if you think that the surgeon can ascertain the fact. If the surgeon can point out a man, and say positively to the captain, "That man has disease upon him and has concealed it," then I think that that man would be rightly punished by having his leave stopped.

7064. *Dr. Babington.* Evidence has been given before the Committee that under certain circumstances commanders of ships have felt authorized to order an examination of the men; where there has been, as at Canton and other places, a great deal of venereal disease, the men on returning from leave have been subjected to an examination?—Yes; captains of ships have taken upon themselves the responsibility of ordering an examination of the men when they have thought from circumstances that such a thing was necessary, and I have no doubt that no captain would hesitate to take upon himself that responsibility, but of course that is a very different thing from a general order.

7065. You would not, to that extent, object to captains acting in that way?—No; the captain of a ship must be of course the best

judge how far it is necessary. I think that it would be a very strong necessity that would justify him in subjecting the respectable men in the ship to such an examination. *Adm. Sir F. Grey.* 11 Dec. 1865.

7066. *Mr. Spencer Smith.* Are you aware that inspections are conducted in the army, and that every effort is made to exempt the better class of men from them, and that the married men are not examined at all; the sergeants are not examined, and some witnesses have said that corporals are not examined. Although there is a positive order from the Horse Guards that the practice should be discontinued, commanding officers in many regiments still maintain it, and in one regiment of the Guards such inspections are going on now. In cases of bare suspicion, would there be any objection, do you think, to the men being examined?—I think certainly not where there were just grounds for suspicion. If I was the captain of a ship I should at once order it, if I had a distinct suspicion that a man was diseased. A captain has that power now, and I hope would exercise it.

7067. You would object, as I understand you, to a periodical examination?—If the Officer of Division, who ought to know the character of the men, has reason to suspect a man, he may order that man to fall out of the ranks to be inspected, and I should hope he would always do that. The Officer of Division ought to be acquainted with the character of each man in his division, and he might have good reason to suspect one man to be diseased, while he might not have the least doubt as to the man next to him, and in that case he would closely question the man he suspected, and if necessary, have him examined. I think still, however, that the great thing is to raise the character of the men altogether, and all our measures at the Admiralty are really directed to that end. We are trying to do everything we can to raise the character of the men, and I am happy to say that these efforts have been attended with very great effect already. With reference to leave I may mention this one fact, that with regard to one of the ships of the Channel squadron, the captain assured me the other day, that when he went into harbour he could allow 300 of his men to go on shore, if only for 3 hours, with the certainty that every man of them would come back from his leave; and that I think shows a very remarkable change in the men. I know this also, that while the number of cases of breaking leave the first year (in 1862) amounted to above 1600 for every 1000; in the year 1863 it was only 1300; and in the present year I have reason to think that it will not amount to 1000; showing therefore that a great improvement is going on under the regulations which have been adopted in the last few years.

7068. *Chairman.* It is not only with regard to leave, but very much, I believe, has been done for the sailor to raise him intellectually and morally by giving him healthy recreations and amusements, and do you think that everything has been done that can be done?—A great deal has been done, and the system of education which is now in full play will, I hope, shortly have a material effect upon the character of the men.

7069. After all, that is the great safeguard that you look to?—Yes; and more stringent regulations in our home ports—that is what I look to more than anything. I cannot help thinking that a great deal has been done by the Act that was passed last session, but I should like to see it carried further.

7070. In what way?—That I am not prepared to give any definite idea upon. Our lock hospitals have not been in full operation. We have not yet got the number of beds in the wards that we require,

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and therefore we cannot be as strict or as stringent as we should be if there were more accommodation provided; but I imagine that we shall go to Parliament this coming session for more money for extending the lock wards.

7071. *Dr. Balfour.* Do you not think that it would be an advantage if a clause were introduced into the Contagious Diseases Prevention Act to prevent women from plying publicly as prostitutes in the streets as they do now?—It is confined now, I believe, to women who are diseased, would you desire to have it applied generally?

7072. Do you think it is possible, by the magistrates exercising the power they possess in any town brought under the operation of the Act, to prevent prostitutes plying in an open and avowed manner, and so diminish the amount of disease which it disseminated by that practice?—I do not know that you would gain very much by that. The sailors go away to public-houses and disreputable houses in low neighbourhoods.

7073. *Chairman.* But the respectable inhabitants of the town would be gainers if open and avowed prostitution were repressed?—Yes. There is another point to which I may advert with regard to men who arrive from foreign countries having money due to them. The Admiralty have now done everything that is possible to prevent the men being detained in the home ports, and thereby falling a prey to low women and Jews, who are looking out for them in every direction. We have now under our consideration an extension of those measures, with a view to reducing the danger to which the men will be exposed to the lowest possible point, and these are matters in which I think we can do a great deal of good. I look rather to such measures as those than to any compulsory examination of the men.

7074. *Dr. Balfour.* You would not like the medical officers to be compelled to inspect a ship's crew unnecessarily?—I think not.

The witness withdrew.

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